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ABSTRACT

Noting that the well-being of children and that of mothers cannot be separated, this report uses the Mothers' Index to compare the well-being of mothers and children in 17 developed countries and 77 developing countries. The Mothers' Index is a composite of elements contributing to a woman's well-being, including health status, educational status, and political status, and children's well-being. Data were based on published statistics from governments, international agencies, and research institutions. In addition, the report compares 42 developed countries and 98 developing countries, using the Girls' Investment Index, an assessment of the current status of girls and young women and comprised of indicators in four areas: safe motherhood, young motherhood, girls' health, and girls' education. This report confirms the preceding year's finding that the well-being of women and children is inextricably linked and makes a strong case that an investment in girls and young women will pay off in their own lives and in the lives of their children. Investments in safe motherhood programs and practices and in education for girls and women appear the most essential. National wealth alone does not guarantee the health and well-being of mothers and children. Recommendations from the analysis include the following: (1) ensure access to key components of safe motherhood--prenatal health care, skilled health assistance at birth, emergency obstetric care, and modern contraception; (2) expand educational opportunities for girls and women; and (3) develop policies and programs to protect women and girls from HIV/AIDS and from gender-based violence. Appended is each country's score for each component of the two indices, a description of the methodology, and research notes. (Contains 31 footnotes.) (KB)

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State of the World's Mothers 2001

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Save the Children

Save the Children is a leading nonprofit child-assistance organization working in more than 45 countries worldwide, including the United States. Our mission is to make lasting, positive change in the lives of children in need.

Save the Children is also a member of the Save the Children Alliance, which is a worldwide network of 30 independent Save the Children organizations working in more than 100 countries to ensure the well-being of children everywhere.

Save the Children.

On the Front Cover: Outside a Save the Children feeding center in Gode, Ethiopia; Top Left: Mother and child benefit from a Save the Children nutrition program in Nepal; Above: Children participating in a Save the Children health program in the Philippines.

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every mother, every child

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State of the World's Mothers 2001 a report by Save the Children

State of the World's Mothers 2001 – in its unique "Mothers' Index" first presented last year – offers critical information on the status of mothers and children around the world. With the introduction of a new "Girls' Investment Index," this year's report zeroes in on the quality of girls' and young women's lives today, and thus provides an indication of how the next generation of mothers and children will fare.

Foreword: Mother's Day 2001

Sally Field,
Actress and Save the Children Advocate

In my acting career, I have often played the role of a mother. The roles have demanded a lot of me, sometimes taking me from the heights of joy to the depths of despair. Motherhood is, indeed, the most challenging role most women will ever have. I know this very well, because in real life I am the mother of three wonderful children. No role that I have ever played has been as difficult – or as rewarding.

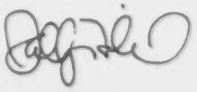
Surely, what binds mothers together the world over is the struggle to make a good enough life for ourselves so that we can pass a better life along to our children – to bring more joy, less despair, into all of their lives. Unfortunately, for too many mothers and children, moments of joy are few and far between – the daily struggle for survival consumes every second, every ounce of energy they have.

I was thrilled to be asked to provide a foreword for this important *State of the World's Mothers* report. While this year's report confirms the finding from last year – that the well-being of women and children is inextricably linked – it goes one step farther. The 2001 report makes a strong case that an investment made today in girls and young women will pay off not only in their own lives but also in the lives of their children.

Just imagine how such an investment might pay off. For example, a young woman who can read and write, who delays marriage and childbirth so that she can enjoy her own adolescence, who can protect herself from the ravages of disease and against acts of violence, and who can earn an income has a chance, a good chance, of surviving – and thriving.

So, too, do her children. This report speaks volumes for their futures.

As well as being with my own children, I can think of no better way to celebrate Mother's Day this year than to be part of an effort to bring mothers and children together – to contribute to the effort being made by Save the Children to help improve the lot of girls and young women today so that the next generation of mothers and children will have many more days of joy.



Sally Field

Letter from the President

Charles MacCormack,
President, Save the Children

Nearly 70 years of field experience have taught us that to create real and lasting change in the quality of children's lives, we need to invest in their mothers.

As I have traveled the world with Save the Children, I have seen many children in difficult circumstances. But hope never dies. For every hungry child, I have seen a mother walk miles for food. For every child suffering from AIDS, I have seen a mother sit by a bed night and day to offer love and support and what care she can. For every child caring for another child, I have seen a mother caring for another mother's children in addition to her own.

The relationship between mother and child is, indeed, profound and universal. And our 70 years of field experience have taught us that to create real and lasting change in the quality of children's lives, we need to invest in the health, security and well-being of their mothers.

Save the Children's *State of the World's Mothers* report makes a powerful case for how children's well-being is inextricably linked to the well-being of their mothers. The underlying message in the ranking of 94 countries on our Mothers' Index is clear: *If we care about children, we must turn to the experts...their mothers.* When countries take measures to ensure that mothers are healthy, well-nourished, and well-educated, they vastly increase the likelihood that their children will do well and grow into strong, productive members of society.

As world leaders, international development professionals, and activists prepare to participate in the UN Special Session on Children in New York this September, we also wanted to look at how investments made today in the lives of girls and young women are likely to pay off for the next generation of mothers and their children. Our new Girls' Investment Index included in this report does just that for 140 countries around the world.

The findings are a clarion call to action – action that must involve investments of all kinds, made at individual, family, community and government levels, to ensure that girls growing up in the world today will become strong and resourceful women and the best possible mothers to their children. The return on these investments will be priceless.

Charles F. MacCormack
President, Save the Children

In honor of Mother's Day, Save the Children is publishing its second annual *State of the World's Mothers* report. By offering critical information about the world's two billion mothers, this report helps to focus attention on the very real needs of mothers – and their children – and to suggest actions needed to support women who are raising the world's future generations.

This year's *State of the World's Mothers* report provides new and updated information for the *Mothers' Index* of last year, comparing the well-being of mothers and children in 94 countries (17 developed countries and 77 developing countries). With only a few exceptions, the report uses the same indicators as last year (six for women, covering the areas of health status, use of contraception, literacy and political participation; and four for children, covering the areas of infant mortality, nutritional status, primary school enrollment and access to safe water). By combining the findings from these two sub-indices, we arrive at the ranking of 94 countries on the Mothers' Index.

The report also zeroes in on the next generation of mothers, with a first-ever *Girls' Investment Index*. This Index provides invaluable information on the quality of girls' and young women's lives today, while making important predictions on how they will fare as tomorrow's mothers.

From far left: Baking bread in a communal bakery in Azerbaijan; Mother and daughter reading in classroom being built by Save the Children in Namwera, Malawi; Family participating in health program in Carcelo, Bolivia; A daughter and her mother, a participant in a Save the Children microenterprise program in Vietnam.

Given the correlation revealed in last year's report between the health and well-being of mothers and their children, the Girls' Investment Index is also a strong predictor of how the next generation of children will fare.

The Girls' Investment Index reports data on girls and young women in 140 countries (42 developed countries and 98 developing countries). The Index uses a set of 12 indicators covering four "investment areas" related to the quality of young women's lives: girls' education, girls' health, young motherhood and safe motherhood. Each indicator seeks to assess a country's current level of investment in girls' well-being.

KEY FINDINGS

Not surprisingly, data from both the Mothers' Index and the Girls' Investment Index confirm the main finding from last year: **when mothers survive and thrive, children survive and thrive.** This applies as much to the present as to the future. Of all the factors studied, **investments in safe motherhood programs and practices, and in education for girls and women are perhaps the most essential.** However, gender-based violence and the rising tide of HIV/AIDS continue to undermine efforts to improve the lives of women and girls. These threats are not only health-threatening, but life-threatening.

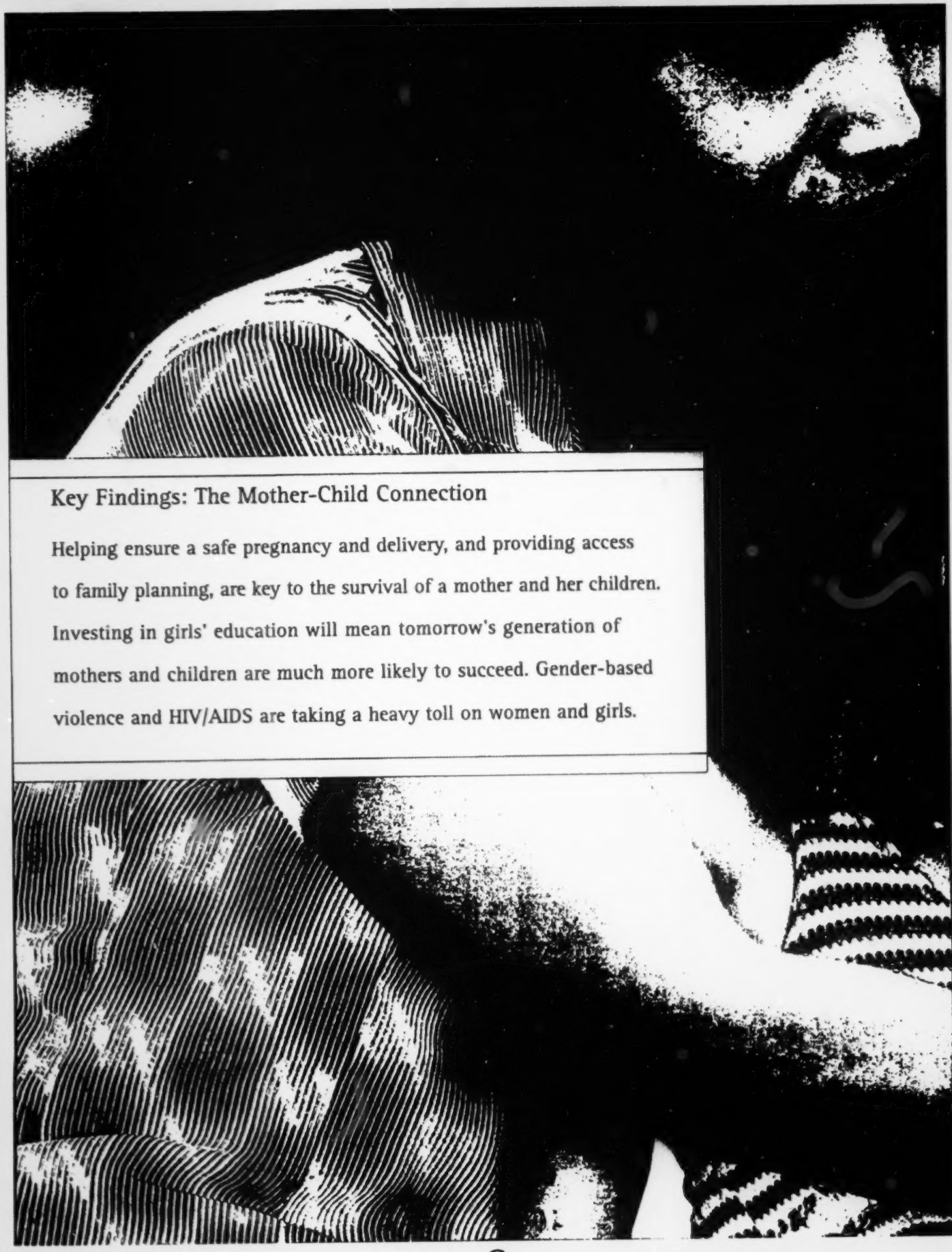
Finally, both sets of data confirm that **national wealth alone does not guarantee the health and well-being of mothers and children.** In fact, some startling facts emerge as one looks at those countries that over-perform relative to their ranking on GDP, and those that under-perform. The US is but one striking example of the latter.

RECOMMENDATIONS

The key findings point to specific interventions and investments that could make a critical difference in the lives of girls and women – for their own sake and for the next generation of mothers and children:

- **Ensure that mothers have access to the four key components of the safe motherhood program: prenatal health care, skilled health assistance at birth, emergency obstetric care, and modern contraception;**
- **Expand educational opportunities for girls and women; and**
- **Develop policies and programs to protect women and girls from HIV/AIDS and from all forms of gender-based violence.**

Every Mother/Every Child, a new public awareness and advocacy campaign being launched by Save the Children this Mother's Day, will work to ensure that every mother in the developing world has access to the tools she needs so that she and her children can survive and thrive. A key component of this effort is a citizen pledge and letter-writing campaign urging legislators to increase funds for greater educational opportunities for women and girls; maternal and child health care, including family planning; and microcredit programs so women can provide for their children and families.



Key Findings: The Mother-Child Connection

Helping ensure a safe pregnancy and delivery, and providing access to family planning, are key to the survival of a mother and her children. Investing in girls' education will mean tomorrow's generation of mothers and children are much more likely to succeed. Gender-based violence and HIV/AIDS are taking a heavy toll on women and girls.

Key Findings: The Mother-Child Connection

For nearly 70 years, Save the Children has focused its time, energy and resources on transforming the lives of children around the world. From the very beginning, Save the Children has addressed the pressing basic needs of children – food, water and shelter – and has sought to realize the rights of all children to education, health care and economic opportunity.

What has become clear in our program work is that in order to ensure the well-being of children, we must start by supporting their mothers.

But what of *tomorrow*? Is it possible to design a "report card of the future?" Can we predict, by looking at factors governing the lives of girls and young women today, how they will fare in the future – not only as women in their own right, but as mothers to the next generation of children? What are the investments – financial and social – that are paying off for the current generation of girls and young women and that will, in all likelihood, pay off for their children?

To do this, *State of The World's Mothers 2001* presents a new Girls' Investment Index. By zeroing in on the next generation of mothers, this Index tells us not only how girls and young women are faring today, but also how they are likely to fare tomorrow. The Girls' Investment Index reports on countries where investments are already paying off and calls attention to countries and sectors where greater investment is needed for the next generation of mothers and children to survive and thrive.

Following are the five key findings from the Mothers' Index and the Girls' Investment Index.

1. WHEN MOTHERS SURVIVE AND THRIVE, CHILDREN SURVIVE AND THRIVE.

As in last year's report, the *State of the World's Mothers 2001* confirms the inextricable link between mothers' and children's well-being. When mothers are healthy, well-nourished, and educated, so too are their children. The Mothers' Index helps to confirm this finding from the standpoint of today's women and children, while the new Girls' Investment Index, by providing information on the health and well-being of today's girls, indicates how the next generation of mothers and their children will fare.

Research has consistently shown that a healthy mother is the best guarantor of her child's health. Newborn health, for instance, is dependent to a large degree upon the mother's nutritional status. One of the most serious consequences of poor maternal nutrition and health on the newborn is premature birth and/or low birth weight, which together occur in some 20 million infants in the developing world.[1]

Last year, Save the Children released its first-ever *State of the World's Mothers* report. The study shed new light on the relationship between mothers and children by examining numerous indicators in a unique Mothers' Index. The findings helped to confirm what we know from experience: when mothers survive and thrive, children survive and thrive.

In this year's report, we present new data in the Mothers' Index, which provide an indication of how mothers and their children are faring *today* in 94 countries around the world.

A Global Imperative: Saving Newborn Lives

The inextricable link between mothers' and children's health and well-being has enormous implications when it comes to newborns (infants under one month of age). Despite dramatic improvements in child survival overall, deaths among newborns have declined little and, in fact, represent a growing proportion of all child deaths.

Of the 7.5 million deaths each year among infants under the age of one,[1] nearly two thirds occur within the first month of life.[2]

Many newborn deaths could be prevented through relatively simple interventions at the household or community level.

Immunization to prevent tetanus, essential home-based newborn care, and appropriate treatment of infections such as pneumonia could reduce mortality by two thirds. Training local birth attendants to use clean and safe delivery methods reduces the risk of infection and therefore the need for antibiotics. The promotion of immediate and exclusive breastfeeding ensures the newborn's proper nutrition and also builds immunity to disease.

With a $50 million five-year grant from the Bill & Melinda Gates Foundation, Save the Children has launched a global *Saving Newborn Lives* initiative to expand community-based newborn care where newborn mortality rates are the highest. In addition, the initiative will foster research in new technologies to improve newborn survival, and will

Low birth weight, in turn, has many consequences for the newborn, including a greater likelihood of death in infancy or childhood, stunting, mental retardation and chronic health problems. Eliminating malnutrition during pregnancy reduces an infant's risk of death and disease by almost one-third.[1]

The HIV/AIDS pandemic has added frightening new dimensions to the link between mothers' and children's health. Not only can HIV be passed from mother to child during pregnancy, childbirth or breastfeeding, but the threats to child survival from death or disability of a parent with HIV/AIDS are numerous. Since the pandemic began, more than 5 million infants have been infected with HIV.[2]

An estimated 514,000 women die each year from complications during pregnancy and childbirth; 99 percent of these deaths occur among women in the developing world.[4] Though it is impossible to measure the full impact that a mother's death has on her family, maternal death doubles or even triples the risk that children under age five will also die.[5]

A mother's educational level also has a profound effect on her child's health and quality of life – at all stages. Perhaps most significantly, higher rates of literacy are closely correlated with lower child mortality. Women who are better educated are also more likely than less-educated women to provide better nutrition and to secure health care for their children. A mother's education level also influences her children's education attainments – particularly those of her daughters.

Although global data on women's economic status are sparse, local data in many developing countries show that when women control a greater share of household income, they tend to spend more than men on the well-being of their children. Studies from countries as diverse as India, Peru and Uganda help confirm a close positive link between the increased earnings of women microentrepreneurs and their children's school enrollment.[6]

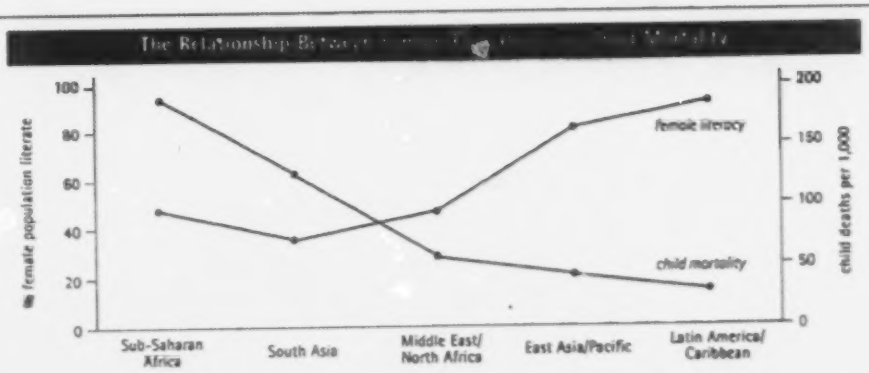
2. DRAMATIC IMPROVEMENTS IN INFANT AND MATERNAL SURVIVAL RATES RESULT FROM INVESTMENTS IN "SAFE MOTHERHOOD" INITIATIVES – PRENATAL CARE, TRAINED HEALTH PERSONNEL AT BIRTH, EMERGENCY OBSTETRIC CARE AND MODERN CONTRACEPTION.

Pregnancy and childbirth can be a time of great fulfillment and joy for a woman, or it can be a time of peril and tragedy for mothers and children alike. Most of the 514,000 maternal deaths each year, many of the 7.4 million deaths to infants each year, and millions of cases of maternal and childhood disease and disability could be prevented if women had access to the following four services: (1) prenatal health care, (2) trained health personnel at birth, (3) emergency obstetric care, and (4) modern contraception. In the developed world, where these main components of safe motherhood are, for the most part, already in place, the average lifetime risk of maternal death in childbirth or from pregnancy-related complications is 1 in 1,800; in the developing world, the average is 1 in 48.[7]

support partnerships with government and non-governmental organizations to take the best practices to scale worldwide.

1 UNICEF, *State of the World's Children 2001*, p. 81.

2 Reduction of Maternal Mortality, Joint Statement, WHO/UNFPA/UNICEF/ World Bank, 1999



Source: UNICEF. 1998. *State of the World's Children*. New York: UNICEF.

Key Findings: The Mother-Child Connection

The prospects for the more than 1 million children who lose their mothers in pregnancy or childbirth every year are grim. A child whose mother dies in childbirth is 3 to 10 times more likely to die before his or her second birthday. Daughters who survive are less likely than sons to receive quality health care and adequate nourishment. In addition, girls are frequently forced to leave school to help at home, thereby restricting their own educational and economic opportunities, as well as the opportunities of the children they will bear.

6,000 will die in childbirth and only 4 infants in 1,000 will die before reaching their first birthday.

- On the other hand, in the 10 bottom-ranked countries on the Mothers' Index, fewer than one third of all births are attended by trained health personnel and, on average, only 3 percent of all women use modern contraception. In these countries, the lifetime risk of death in childbirth is 1 in 12 and nearly 11 percent of all infants die before reaching their first birthday.

all pregnant women – 45 million each year – receive no prenatal care.[9]

The presence of a skilled birth attendant during labor and delivery is also critical to preventing maternal and newborn death and disease. Yet fewer than half of all pregnant women in the developing world have trained attendants during labor and childbirth. If a mother is one of the estimated 15 million women each year to survive childbirth with painful, debilitating injuries, her newborn's chance of survival is compromised as well.[10]

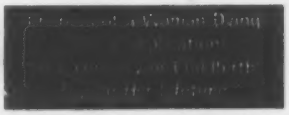
Adolescent girls' health

Ensuring that girls are well-nourished and healthy – especially when it comes to their increased needs for iron and growth before their reproductive years begin – is key to the health of future generations of mothers and children.

Good physiological development during adolescence prepares girls for pregnancy, childbirth and motherhood in later life, and means fewer low birth weight babies.

Save the Children's school-based health and nutrition programming, targeted at highly vulnerable groups, is proving effective in addressing the nutrition and health needs of adolescent girls.

A school-based, 10-week iron supplementation program in Mali reduced the prevalence of anemia among girls. In Burkina Faso, improvements in anemia were realized through the school-based treatment of parasites, in combination with vitamin A supplementation and school feeding.



Region	Risk of Dying
Africa	1 in 16
Asia	1 in 65
Latin America & Caribbean	1 in 130
Europe	1 in 1,400
North America	1 in 3,700
All developing countries	1 in 48
All developed countries	1 in 1,800

Source: "Revised 1990 Estimates of Maternal Mortality: A New Approach by WHO and UNICEF," World Health Organization (WHO), Geneva, 1996.

The findings in the Mothers' Index are consistent with other research findings, which indicate that increased access to modern contraception and the use of trained health personnel during childbirth can lead to dramatic improvements in infant and maternal survival rates.

- In the 10 top-ranked countries on the Mothers' Index, virtually all births are attended by trained health personnel and an average of 71 percent of all women use modern contraception. In these countries, maternal and infant death rates are relatively low – only 1 woman in

- A comparison of individual countries reveals even more dramatic correlations. For example, in Ethiopia, where only 10 percent of all births are attended by trained personnel, 118 infants out of every 1,000 die before their first birthday. In contrast, in Sweden, where virtually all births are attended by trained personnel, the infant mortality rate is 3 deaths per 1,000 live births.

Prenatal care is key to healthier newborns. In the developed world, virtually all women have access to prenatal care; in the developing world, 35 percent of

Overall, an estimated 300 million women in developing countries are afflicted with these injuries and disabilities.[11]

Approximately 15 percent of all pregnant women will face complications that require medical care. Preventing maternal mortality in the case of many of these complications requires high-quality emergency obstetric care in a hospital. While many normal deliveries do not require a hospital, hard-to-predict complications such as hemorrhage, hypertension and obstructed labor often require moving a woman to a

hospital quickly. When hospitals are far away, too expensive, or unable to provide emergency obstetric care, complications often result in death or long-term disability. Unfortunately, more than 60 percent of all births in less developed countries take place outside of health facilities.

Another key feature of safe motherhood is the availability and use of contraception. Through voluntary family planning, women can plan the timing and spacing of their children, prevent high-risk pregnancies, avert the risks associated with unsafe abortion, and, through the use of some barrier methods of contraception, protect themselves against HIV/AIDS and other sexually transmitted diseases. The use of modern contraception also enables a woman to devote more time to herself (e.g., to educational and wage-earning pursuits) and to the family she already has. Still, an estimated 150 million married women in the developing world say they would prefer to plan their families but lack access to effective family planning methods.[13]

Family planning makes important contributions to child survival (see chart). More than 10 million children under age five die every year in the developing world. Family planning could prevent 25 percent of these deaths by spacing births at least two years apart, by helping women to bear children during their healthiest reproductive years, and by enabling parents to have their desired number of children.[13]

Contraception also plays a critical role in reducing high-risk pregnancies among married and unmarried teens. Pregnant teens are twice as likely to die in childbirth due to health complications as are women in their twenties.[14] Moreover, some barrier methods of contraception can prevent the spread of HIV/AIDS and other sexually transmitted diseases, to which young people are particularly at risk.

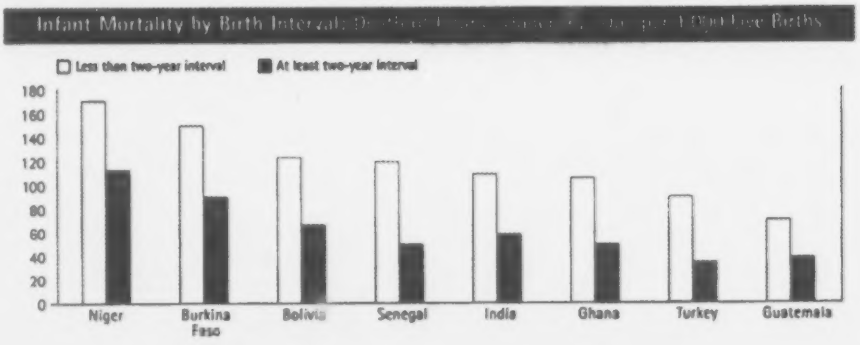
Finally, access to and use of contraception helps reduce the number of abortions. Worldwide, some 46 million pregnancies are terminated each year; of these, 36 million abortions take place in the developing world and some 20 million are unsafe. Some 80,000 maternal deaths each year are attributable to unsafe abortion.[15]

3. INVESTMENT IN GIRLS' EDUCATION IS CRITICAL FOR THE WELL-BEING OF FUTURE GENERATIONS OF MOTHERS AND CHILDREN.

For every child, education opens the door to a better future. Not only does schooling prepare young people for future employment, it also prepares them to contribute more fully to family and community life. For girls, education has additional benefits: an educated girl is more likely to (1) postpone marriage and childbirth, which in turn leads to better health and nutrition for her family; (2) seek health care for herself and her family; (3) have lower rates of sexually transmitted infections and HIV; and (4) encourage educational goals for her children.

Of the roughly 1 billion illiterate adults in the world, two thirds are women.[16] The impact of female literacy on women's and children's well-being is profound. As research shows and this report confirms, a higher female literacy rate is associated with a lower child mortality rate. High levels of female literacy are also linked to better educational status of children.

On average, infants born after short birth intervals are twice as likely to die as those born after an interval of two or more years.



Source: Unpublished analysis of USAID-funded Demographic and Health Surveys, 1988–1998, Macro International, Calverton, MD

In the 10 top-ranked countries on the Mothers' Index, female adult literacy is 99 percent; infant mortality rates are lower than 5 percent; and over 99 percent of all children of primary school age are enrolled in school.

In the 10 bottom-ranked countries, where female literacy rates range from 38 percent in Burundi to 13 percent in Burkina Faso, infant mortality rates are as high as 143 deaths per 1,000 live births and, on average, only 49 percent of all primary school age children are in primary school.

and those who finish secondary school wait until age 23.[17]

On some fronts, the news about education for the current generation of young people is encouraging. In all but the poorest countries of the world, levels of primary school enrollment for both boys and girls are between 70 and 100 percent.[18] In addition, in a recent study of 53 countries, all but one reported that young women had received more education than their mothers had.[19] However, despite the progress made, girls still lag behind

4. GENDER-BASED VIOLENCE AND THE RISING TIDE OF HIV/AIDS THREATEN THE WELL-BEING OF GIRLS AND WOMEN.

Investments in better health care, safe motherhood, and improved and expanded education for girls and women have the potential to improve significantly the well-being of present and future generations of mothers and their children. However, the gains one can expect from these investments are jeopardized by traditional forms of gender discrimination, by violence

Villages Most Likely to Succeed

Save the Children's primary education efforts began in Mali in 1992. At that time, the country's primary enrollment rates were among the world's lowest – under 20 percent in rural areas, and as low as 5 percent for girls. Some villages sent no children to primary school.

Save the Children has played a lead role in the development of village schools in Mali demonstrating: (1) community ownership, (2) relevant curriculum, (3) absolute gender equity, and (4) teacher training. Each village school is the result of the efforts of village committees, organized around *their* need to provide basic education for *their* children.

To make the schooling relevant, the following components are incorporated into initial planning and design: (a) the school year is brought into line with the agricultural year; (b) the language of instruction is the indigenous language of the villagers; and (c) the village school offers a learning package based on literacy and math to be attained over a three-year cycle.

The program also includes school management training.

This school year, 782 village schools are operational with nearly 50,000 students enrolled, 41 percent of whom are girls. In addition, 14 percent of the 1,330 teachers in these schools are women.

Raising the level of education for young girls can lead to the postponement of marriage and childbearing. According to a recent study, when girls in developing countries have no education, they marry, on average, by age 17.5; those with a primary school education delay marriage until age 19; and those with a secondary school education, delay marriage until age 22. Education has a similar impact on the age at which women have their first child. On average, those girls who have no education have their first child at just over age 19; those with primary school education wait until age 20;

boys in levels of primary school enrollment in virtually every region of the world.

Girls' lack of access to education is not just a matter of economics. Low female enrollment rates can also be a function of cultural values and religious beliefs. Many girls are kept home to work and care for family members; some girls are not allowed to travel the long, or even short, distances to schools; and, in many communities, parents choose to send boys to school over girls if household funds for school fees are limited.

against girls and women, and by the relatively new threat of HIV/AIDS.

Gender discrimination takes many forms – from sex-selective abortion (one aspect of son preference) in parts of Asia, to gender discrimination in nutrition and health care. Sex-selective abortion, female infanticide, and the neglect of the girl-child are responsible for an estimated 60 million "missing" girls, mostly in Asia.[20] In China, for example, the number of male births per 100 female births is approaching 120 (the biological norm for all countries of the world is 105 female births for every 100 male births).[21]

In rural Punjab in India, where son preference dominates, the infant mortality rate is twice as high for girls as boys.[32]

Gender-based violence, now widely recognized as a major public health issue and a violation of human rights, includes domestic violence, rape, "honor killing," female genital cutting and trafficking in women. Although the rape of women of all ages has been used as a weapon of war for centuries, if not millennia, it has only recently come under close investigation as

Efforts to curtail this painful, debilitating, and often life-threatening practice have focused on education and legislative initiatives. Already, 10 countries in Africa have enacted laws to criminalize FGC.

Of all the threats of violence against women and girls, domestic violence is perhaps the most prevalent. Worldwide, on average, 1 in every 3 women has experienced violence in an intimate relationship.[34] Such violence takes many forms, but includes incest, rape, sexual, physical, emotional and

Women and girls engaged in the commercial sex trade are at risk of contracting HIV and other sexually transmitted infections, are at high risk of suffering from gynecological problems, and are highly vulnerable to acts of violence, including physical assault and rape.[36]

HIV/AIDS is a time bomb that has recently exploded in the lives of millions of women and girls. HIV/AIDS is taking a growing toll on today's women and children and, as a result, on the next generation of mothers

About half of all people infected with HIV are under age 25, according to the World Health Organization, and in developing countries, up to 60 percent of all new infections are among 15- to 24-year-olds. In this age group of newly infected people, there are twice as many young women as young men. Sub-Saharan Africa is the hardest-hit region.

Countries in sub-Saharan Africa with the Highest Rates of HIV/AIDS Among Youth

Estimated Percentage of 15- to 24-year-olds living with HIV/AIDS

Country	Female	Male
Botswana	34	16
Lesotho	26	12
South Africa	25	11
Zimbabwe	25	11
Namibia	20	9
Zambia	18	8
Malawi	15	7
Mozambique	15	7
Central African Republic	14	7
Kenya	13	6

Source: Data are from the *Progress of Nations 2000* (UNICEF). Estimated HIV/AIDS rates among youth at the end of 1999.

reported incidents increased during the conflicts in Rwanda, Indonesia and the former Yugoslavia. In two separate international war crimes tribunals, rape was, for the first time, declared a war crime – a crime against humanity.

Another major threat to girls' and young women's lives is the traditional practice of female genital cutting (FGC). An estimated 85 to 115 million women and girls, most of whom live in Africa, Asia and the Middle East, have undergone female genital cutting; another 2 million young women are at risk each year.[33]

economic abuse, and abuse against some of the most vulnerable (e.g., children, pregnant women, the disabled and the elderly). Domestic violence has no geographic or economic boundaries: it strikes those in the developed as well as developing countries; the rich as well as the poor.

Domestic violence has an international counterpart. Each year, an estimated 1 to 2 million women and girls are trafficked around the world for forced labor, domestic servitude or sexual exploitation.[35]

and their children. Statistics bear this out: of the 36 million people living with HIV/AIDS worldwide at the end of 2000, 16 million were women (up from 12 million in 1997).[37] At least half of all new HIV infections are among women;[38] and half of all newly infected persons are between the ages of 15 and 24[39] (two thirds of whom are likely to be women).[39] In Africa, HIV-infected women now outnumber men by 2 million.[31]

Key Findings: The Mother-Child Connection

Violence Against Girls

In 1995, the Fourth World Conference on Women was held in Beijing, China. More than 17,000 participants from 189 countries gathered to move issues of gender equality to the top of the global agenda. The result was the adoption of an historic document – the *Beijing Platform for Action* – which detailed a series of concrete actions that governments, organizations, and people everywhere needed to take to ensure that women's rights and equality are achieved.

The *Platform for Action* takes special note of the "girl-child," and how a girl's entire life is marked by persistent gender-based discrimination, limited rights and choices, unmet needs, and diminished hopes for her future. It is gender-based violence, however, that often takes the heaviest toll on girls, and on her future plans for school, work, motherhood and womanhood.

Stage of Life	Threats to Girls	Just Consider...	Investment Results
Pre-Birth	Sex-selective abortion (son preference) to prevent the birth of girls, resulting in a "missing" population of girl children	In China, the number of male births per 100 female births increased from 108 in 1986 to 109.7 in 1991[1] and is estimated to be close to 120 today (the norm is 105 female births per 100 male births).[2]	In an effort to discourage "son preference," the Republic of South Korea rewrote its inheritance laws to give daughters equal rights with sons.[3]
Birth and Infancy	Female infanticide and differential access to food and medical care for girl infants	In a baseline study conducted in Narangwal, India, pre-intervention data indicated that boys were breastfed longer, had higher levels of nutritional intake, were taller and heavier, and received medical care more quickly than girls.[4]	Combined health care and nutrition interventions were shown to improve mortality ratios of girl infants relative to boy infants.[5]
Girlhood	Child marriage	A 1993 study of 5,000 women in the state of Rajasthan in India revealed that 56 percent had married before age 15; 17 percent before age 10.[6]	In Sri Lanka, new laws have raised the average age of marriage for women to 25.[9]
	Female genital cutting (FGC) and other harmful traditional practices	Between 85 and 115 million women and girls, most of whom live in Africa, Asia and the Middle East, have undergone female genital cutting;[7] every year, 2 million more undergo the procedure.[8]	Ten countries, including Burkina Faso, Central African Republic, Djibouti, Ghana, Guinea, Senegal, Tanzania, Togo, Côte d'Ivoire, and Egypt have enacted laws to criminalize FGC.[10]
Adolescence	Dating and courtship violence (e.g., acid throwing, date rape, etc.)	In 1999, in Bangladesh, there were 168 reported acid attacks against women, up from 117 in 1997.[11]	As of 1993, marital, cohabitant and date rape (where force is used) are now considered crimes in all 50 US states.[15]
	HIV/AIDS infection as the result of unwanted and unprotected sex	In parts of Africa, young women are coerced into having unprotected sex with older men in exchange for school fees or other economic resources. The men also seek out younger girls in the belief that they may not yet be infected with HIV and are therefore "safe" partners.[12]	Save the Children's adolescent reproductive health programs in Africa, Asia, Latin America and the Caribbean are empowering young people to make healthy choices, and when necessary, to have the means to protect themselves.
	Trafficking in girls	Each year, an estimated 1 to 2 million girls and young women are trafficked around the world for forced labor, domestic servitude or sexual exploitation.[13] An estimated 500,000 are trafficked out of countries of Eastern Europe and the CIS.[14]	Efforts to end trafficking have focused on the treatment of emotional and physical health problems, job skills training, schooling, the prosecution of traffickers, safe shelter and/or repatriation for trafficked women and their children, and ongoing training and research to inform policy-making and service provision.[16]

Stage of Life	Threats to Girls	Just Consider...	Investment Results
Reproductive Age and Throughout Life	Physical, sexual and emotional abuse	Worldwide, an average of one in every three women has experienced violence in an intimate relationship.[17] In Egypt, 35 percent of women report having been beaten by their husband during their marriage.[18] Every day in the US, more than 4,000 women are raped and/or physically assaulted by an intimate partner.[19]	Through pressure from a network of women's groups, 24 Latin American and Caribbean countries have reformed laws to protect victims of domestic violence. In 1994, the US Congress passed the Violence Against Women Act, providing women with new protections against domestic violence, setting harsh penalties for offenders, and committing federal resources to prevention services, training programs for professionals, and counseling services for survivors.[23]
	Marital rape; dowry abuse and dowry murders; "honor killings"	In 1998, in Pakistan, the human rights commission reported more than 1,000 women were victims of "honor killings;" in 1998, in Jordan, the Public Security Department reported 20 "honor killings."[20] In 1998, in India, 5,500 dowry murders were reported (hundreds more were reported as "accidents" or suicides); convictions of the perpetrators were handed down in only 35 percent of the cases.[21]	Under pressure from a petition drive by activists, a legal committee of Jordan's Justice Ministry has recommended abolishing the article of the penal code that gives a reduced sentence to men who perpetrate "honor killings."[24] A series of case studies, published by the Sisterhood is Global Institute, is used to focus discussion of child marriage, "honor killings," spousal violence within Muslim communities.[25]
	Rape in war	An estimated 250,000 to 500,000 women and girls were raped during the civil war in Rwanda in 1994.[22]	In two recent International Tribunals on War Crimes on Bosnia and Burundi and Rwanda, mass rape was recognized and prosecuted as a legitimate crime against humanity.[26]

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17 18

Key Findings: The Mother-Child Connection

Biological, socioeconomic and gender norms complicate the HIV/AIDS prevention picture for women. Lack of access to reproductive health services and information often prevents young women from practicing safe sex. Young women's immature reproductive systems leave them more susceptible to being infected during intercourse. Women of all ages are also more vulnerable to sexual violence and exploitation and are less able to negotiate with their partners about important sexual decisions, including whether, when, and with whom to have sexual relations, and the ability to use protection.

5. NATIONAL WEALTH CONTRIBUTES ENORMOUSLY TO – BUT DOES NOT GUARANTEE – THE HEALTH AND WELL-BEING OF MOTHERS AND CHILDREN.

Each of the 10 top-ranked countries on both the Mothers' Index and the Girls' Investment Index is among the world's wealthiest countries. In fact, the 10 top-ranked countries on each Index are all developed nations, with the exception of Singapore on the Girls' Investment Index.

There is also considerable overlap among the countries that ranked highest on the Mothers' Index and those that ranked highest on the Girls' Investment Index. Seven countries – Sweden, Denmark, Finland, the Netherlands, Canada, Australia and the United Kingdom – rank among the top 10 on both indices. Nordic countries outperform most other countries on both the Mothers' and the Girls' Investment indices. In fact, Sweden, Denmark and Finland are among the top four countries on both indices.

The example of the United States (see box on this page) makes it clear that a high GDP alone does not assure the well-being of mothers and children today or the well-being of the next generation of mothers and their children. In fact, the US example suggests that growing pockets of poverty and the failure to address the specific needs of underserved populations (e.g., teenage mothers, African-Americans, Latinas and the rural poor) may undermine the health and well-being of women and children for generations to come.

Other countries that significantly underperform their GDP ranking on the Girls' Investment Index are primarily in sub-Saharan and Arab regions, and include Botswana, Kuwait, Namibia, Oman, Qatar, Saudi Arabia, South Africa, Turkey and the United Arab Emirates.

There is a brighter side. For every country that under-performs relative to its GDP, there is a country that performs well relative to its GDP. On the Mothers' Index, for example, Latin American and Caribbean nations significantly outperform many countries with higher GDPs. Although the 10 top-ranked countries on the Mothers' Index are all developed countries, Latin American and Caribbean nations predominate in the next set of rankings (between 11th and 25th). Latin America and the Caribbean are regions where girls' educational attainment equals that of boys.

Young and Pregnant in America

On the Mothers' Index, the US places 11th, due largely to its relatively weak showing for "lifetime risk of maternal mortality" and "participation of women in national government." The US lifetime risk of maternal mortality is 1 in 3,500 as compared to 1 in 6,000 in Sweden, the top-ranked country in the survey.

The US lags even further behind on the Girls' Investment Index. Due primarily to its high adolescent fertility rate, the US falls to 22nd place, in a tie with Greece and Hungary. In fact, with 59 births per 1,000 women aged 15 to 19, the US ranks behind 74 other countries, including all developed countries and several developing countries.

Despite a substantial decline in US teen pregnancy over the past decade, 4 out of 10 teenage girls become pregnant, and 500,000 children are born to teenagers each year. These children are more likely to enter the world with low birth weight, to get inadequate health care throughout their childhood, to drop out of school, and to remain in poverty for the rest of their lives.

In fact, the US poverty rate for children of teenage mothers is more than double the overall poverty rate.

To encourage healthy alternatives to high-risk behaviors, Save the Children partners with US community-based organizations and schools in its unique *Web of Support* program.

Source: Annie E. Casey Foundation Report, *When Teens Have Sex: Issues and Trends* (2001).

Looking Towards the Future: The 2001 UN Special Session on Children

In 1990, 71 Heads of State and other world leaders gathered at the United Nations for the first-ever World Summit for Children.

The task? To endorse a global *Plan of Action* to ensure the rights and to meet the needs of the world's children and adolescents. The *Plan of Action* outlined 27 specific, time-bound goals to be accomplished by the year 2000 in the areas of education, health and nutrition, safe water and sanitation, child protection, and gender equity.

From September 19-21, 2001, world leaders, nongovernmental organizations, children's rights advocates, and young people themselves will gather at the UN Special Session on Children. They will review the progress made since 1990, explore emerging challenges, and set new goals for the future.

Preliminary reports indicate that while some progress has been made, most countries are not living up to the financial and social commitments they made in 1990. The result? Children and adolescents continue to suffer the consequences of inadequate and/or inequitable health, educational and economic opportunities.

As this report and anecdotal information from the field indicate, the "girl-child" is especially vulnerable. The *Plan of Action* speaks to the critical role that equal opportunity plays in preparing girls for the roles, duties, responsibilities – and the full enjoyment – of womanhood and motherhood.

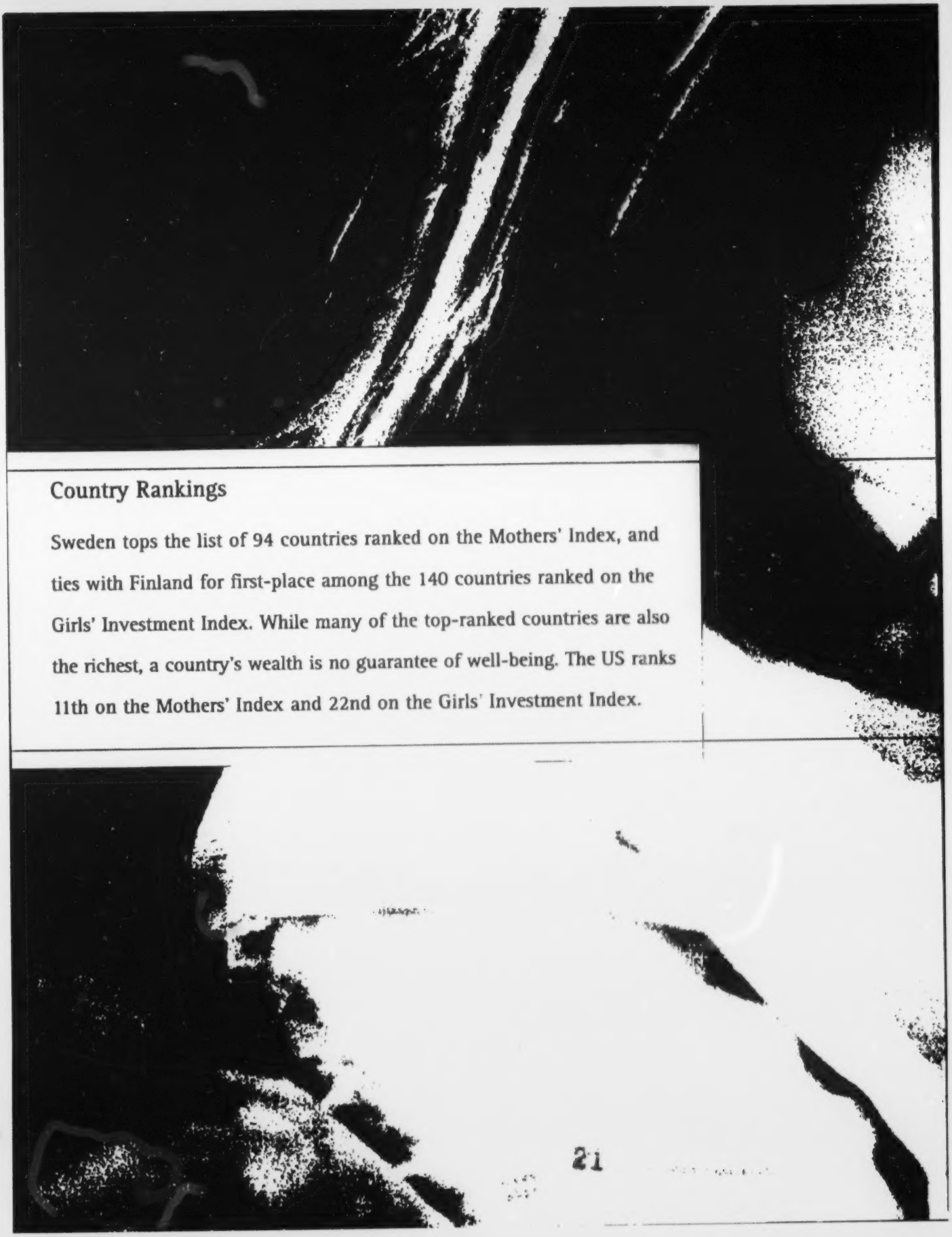
Women in their various roles play a critical part in the well-being of children. The enhancement of the status of women and their equal access to education, training, credit and other extension services constitute a valuable contribution to a nation's social and economic development.

Efforts for the enhancement of women's status and their role in development must begin with the girl-child. Equal opportunity should be provided for the girl-child to benefit from health, nutrition, education, and other basic services to enable her to grow to her full potential.

As just one example, the *Plan of Action* sets two concrete – and yet-to-be-achieved – goals related to equal opportunity for the girls in the area of education:

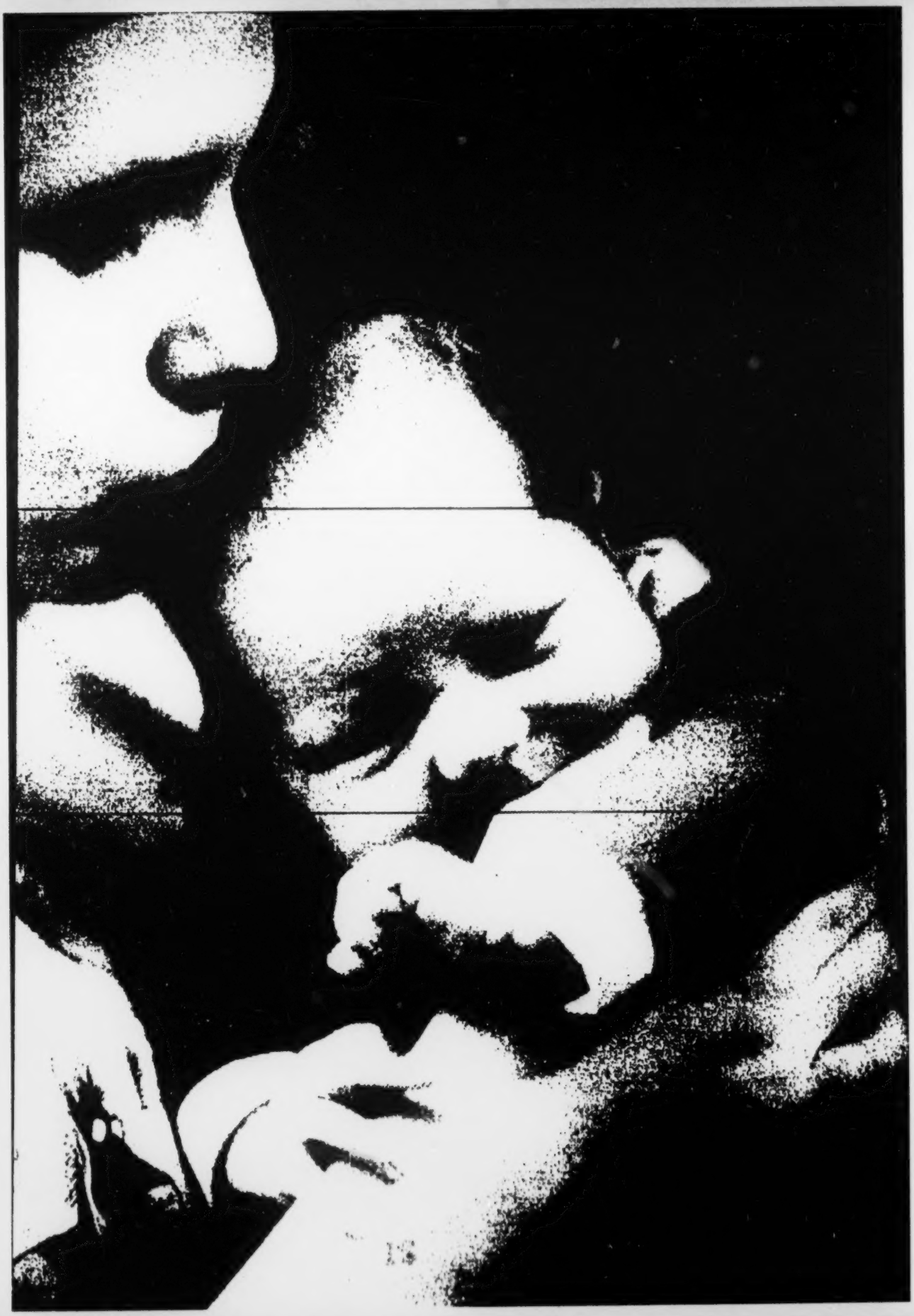
"...universal access to basic education, including completion of primary education or equivalent learning achievement by at least 80 percent of the relevant school-age children with emphasis on reducing the current disparities between boys and girls; and the reduction of adult illiteracy by half, with emphasis on female literacy."

Those gathered for the UN Special Session on Children will examine the investment made to date in providing equal opportunity for the girl-child and will set new goals for meeting her needs – hopefully in the not-too-distant future.



Country Rankings

Sweden tops the list of 94 countries ranked on the Mothers' Index, and ties with Finland for first-place among the 140 countries ranked on the Girls' Investment Index. While many of the top-ranked countries are also the richest, a country's wealth is no guarantee of well-being. The US ranks 11th on the Mothers' Index and 22nd on the Girls' Investment Index.



Mothers' Index Rankings

The Mothers' Index reflects how individual countries compare in meeting the needs of mothers. Listed here are the Mothers' Index rankings for all 94 countries included in the survey, along with corresponding rankings for each country's women's and children's indices. See Appendix 1 for the complete Mothers' Index.

Country	Mothers' Index Rank	Women's Index Rank	Children's Index Rank
Sweden	1	1	1
Norway	2	2	2
Denmark	3	3	2
Finland	4	4	7
Netherlands	5	5	5
Switzerland	6	6	9
Canada	7	7	7
Austria	8	8	2
Australia	9	9	5
United Kingdom	10	10	18
United States	11	13	9
Cuba	12	11	21
Cyprus	12	14	9
Costa Rica	14	15	17
Argentina	15	12	42
Singapore	16	17	15
Chile	17	18	13
Russian Federation	18	20	22
Uruguay	18	22	18
Czech Republic	20	23	14
Mexico	21	19	32
Korea, Rep. of	22	27	16
Colombia	23	24	24
Bulgaria	24	30	12
South Africa	25	16	43
Ecuador	26	24	37
Moldova, Rep. of	27	34	24
Venezuela	27	29	34
Jamaica	29	27	37
Dominican Republic	30	26	45
Trinidad and Tobago	31	35	29
El Salvador	32	32	43
China	33	33	37
Viet Nam	34	20	62
Romania	35	36	47
Mauritius	36	39	41
Brazil	37	37	57
Paraguay	37	44	35
Thailand	39	39	48
Malaysia	40	47	22
Zimbabwe	40	38	54
Uzbekistan	42	39	59
Sri Lanka	43	42	55
Philippines	44	42	50
Honduras	44	49	26
Kuwait	46	51	20
Namibia	46	31	67
Lesotho	48	44	60
Jordan	49	51	26
Peru	50	46	56
Lebanon	51	56	26
Nicaragua	52	50	40
Iran, Islamic Rep. of	53	55	30
Bolivia	54	53	49
Tunisia	54	58	30
Botswana	54	47	63
United Arab Emirates	57	56	50
Turkey	58	54	58
Guatemala	59	61	36
Syrian Arab Republic	60	61	52
Algeria	61	65	45
Zambia	62	59	67
Egypt	63	69	33
Kenya	64	59	71
Uganda	65	63	76
Cameroon	66	66	75
Tanzania, U. Rep. of	67	64	78
Iraq	68	70	64
Ghana	69	68	74
Madagascar	70	70	71
Papua New Guinea	71	67	85
Morocco	71	80	53
Lao People's Dem. Rep.	73	76	66
Bangladesh	74	82	61
Senegal	75	75	71
Sudan	76	72	86
India	77	79	70
Haiti	78	76	80
Mozambique	79	73	82
Malawi	80	74	88
Côte d' Ivoire	81	81	77
Pakistan	82	87	69
Nepal	83	91	65
Eritrea	84	78	90
Benin	85	84	82
Central African Republic	86	85	87
Mauritania	87	88	84
Burundi	88	86	89
Gambia	89	92	79
Yemen	90	94	81
Mali	91	83	92
Ethiopia	92	90	93
Burkina Faso	93	89	94
Guinea Bissau	94	93	91

In order to construct the Mothers' Index and Girls' Investment Index, *State of the World's Mothers 2001* cast its net for data as widely as possible. It relies on information published by governments, research institutions and international agencies.

The complete Mothers' Index and the complete Girls' Investment Index appear in Appendices 1 and 2. Descriptions of the research methodology appear in Appendices 3 and 4. Footnotes and references appear in Appendix 5.

THE MOTHERS' INDEX

The Mothers' Index is based on a composite of separate indices for women's well-being and children's well-being. Of the 94 countries included in the study, 17 are developed countries and 77 are in the developing world.

The six indicators for women's well-being are:

- **Lifetime risk of maternal mortality.** This indicator calculates the risk of death a woman faces from pregnancy or childbirth during her lifetime.
- **Percent of pregnant women with anemia.** This indicator reveals shortcomings of diet, nutritional status, possible malaria, worms and access to prenatal care.
- **Adult female literacy rate.** This measure reflects the percent of women (over age 15) who can read and write. It is estimated that two thirds of the world's 960 million adult illiterates are women.

What the Data Will — and Won't — Tell You!

The Mothers' Index uses data from the UN and other international agencies to present a broad overview of the status of mothers around the world. Nevertheless, there are limitations of this type of data that make it impossible to tell the whole story.

First of all, the great effort (and resources) required for collecting data on a global scale means that many countries only report data for a few general indicators. And often the data are not broken down by gender.

Furthermore, not all countries report data for the same indicators. For example, while many developing countries (with high rates of malnutrition) collect data on a number of malnutrition indicators, developed countries have no such need. On the other hand, countries in the throes of crisis — war, famine, natural disasters, etc. — are often unable to gather data in a timely and regular fashion.

It is also important to note that these indicators measure data at the country level. National averages can mask wide variation within a country. The index can show us patterns among countries, but not among individual women living in disparate regions.

The data do, however, show that where countries invest in mothers, children fare better, and motherhood is less likely to be a severe threat to a woman's life and well-being.

All countries for which sufficient data were available are included in the study. The Mothers' Index measures and ranks the status of mothers in 94 countries; the Girls' Investment Index measures and ranks the status of girls and young women in 140 countries.

The rankings reveal an enormous gap between the highest and lowest scoring countries and point to an urgent need to take action to narrow that gap. While many of the top-ranked countries are also the richest, the data demonstrate that a country's wealth is no guarantee of high performance.

- **Percent of women using modern contraception.** This indicator reflects the percent of women, aged 15 to 49, married or in union, who use modern contraception to plan the spacing and/or number of their children.
- **Percent of births attended by trained personnel.** This indicator measures the percentage of births attended by physicians, nurses, midwives or primary health care workers trained in midwifery skills. Trained attendants at childbirth reduce both maternal and newborn mortality by providing a hygienic environment and arranging transportation or referrals for patients when complications arise.
- **Participation of women in national government.** This indicator represents the percentage of seats in national legislatures or parliament occupied by women. In bicameral legislatures and parliaments, only the lower house is counted (i.e. the US House of Representatives or the British House of Commons).

The four indicators of children's well-being are:

- **Infant mortality rate.** This indicator employs a ratio based on the number of infant deaths per 1,000 live births. It provides telling information about nutrition and early child care

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practices in the home as well as access to preventive health services and appropriate medical care.

- **Gross primary enrollment ratio.** This indicator compares the total number of children enrolled in primary school to the total number of children of primary school age.
- **Percent of population with access to safe water.** This indicator reports the percentage of the population with access to an adequate amount of water from an improved source within a convenient distance from the user's dwelling, as defined by country-level standards. (See notes in Appendix 5.)
- **Percent of children under age five suffering from moderate or severe nutritional wasting.** "Wasting" is the term used when a child falls significantly below international recognized weight for height standards. This is a measure of acute malnutrition.

THE TOP TEN AND THE BOTTOM TEN

Sweden, Norway, Denmark, Finland and the Netherlands top the rankings on the Mothers' Index. The top 10 countries, in general, attain very high scores for mothers' health and educational status. Female literacy is above 99 percent in each country. Trained health personnel attend almost all births. The risk of death in childbirth over a woman's lifetime is less than 1 in 6,000. No more than 5 infants in 1,000 die before reaching age one. Access to safe drinking water is universal.

However, there are considerable differences in women's access to political power. In Sweden, women comprise 43 percent of the members of parliament, but in the United Kingdom, women comprise only 18 percent.

The 10 bottom-ranked countries on the Mothers' Index are a mirror image of the top 10, performing poorly on all indicators. Female literacy ranges from a high of 38 percent in Burundi to a low of 13 percent in Burkina Faso. On average, fewer than 3 percent of all women in these countries use modern contraception. The number of women expected to die in pregnancy or during childbirth ranges from a lifetime risk of 1 in 7 in Guinea Bissau to a still-alarming 1 in 21 in the Central African Republic.

This tragedy has clear regional dimensions. All but one of the countries in the bottom 10 are in sub-Saharan Africa. With a 1 in 31 lifetime risk of dying in childbirth in sub-Saharan Africa, maternal mortality is 130 times greater than it is in developed countries. Only half of adult women are literate. Trained health personnel are present at fewer than half of all childbirths in this region, and nearly 1 out of 10 infants dies before his or her first birthday.

Individual country comparisons are equally dramatic:

- In Burkina Faso, nearly 90 percent of women are illiterate.
- In Burundi, Guinea Bissau and Mauritania, only 1 percent of women use modern contraception.
- In Nepal, only 9 percent of all births are attended by trained health personnel.
- In India, 88 percent of all pregnant women are anemic.
- In Guinea Bissau, a woman has a 1 in 7 lifetime risk of dying during pregnancy or childbirth.
- In Mali, 1 out of every 7 children dies before his or her first birthday.

The Mothers' Index

Top Ten — All Countries

Rank	Country
1	Sweden
2	Norway
3	Denmark
4	Finland
5	The Netherlands
6	Switzerland
7	Canada
8	Austria
9	Australia
10	United Kingdom

Top Ten — Developing Countries

Rank	Country
12	Cuba
12	Cyprus
14	Costa Rica
15	Argentina
16	Singapore
17	Chile
18	Uruguay
21	Mexico
22	Korea, Republic of
23	Colombia

Bottom Ten — All Countries

Rank	Country
94	Guinea Bissau
93	Burkina Faso
92	Ethiopia
91	Mali
90	Yemen
89	Gambia
88	Burundi
87	Mauritania
86	Central African Republic
85	Benin

Girls' Investment Index Rankings

By zeroing in on the next generation of mothers, the Girls' Investment Index tells us not only how girls and young women are faring today, but also helps predict how this critical generation of mothers and their children will fare tomorrow.

Listed here are the Girls' Investment Index rankings for all 140 countries included in the survey. See Appendix 2 for the complete Girls' Investment Index.

Country	Rank
Finland	1
Sweden	1
United Kingdom	3
Denmark	4
Australia	5
Canada	5
Germany	5
The Netherlands	5
Belgium	9
Singapore	9
France	11
Spain	12
New Zealand	12
Japan	14
Iceland	15
Korea, Rep. of	15
Norway	15
Ireland	18
Luxembourg	18
Switzerland	18
Slovenia	21
Greece	22
Hungary	22
United States	22
Cyprus	25
Israel	26
Malta	27
Italy	28
Czech Republic	29
Cuba	30
Austria	31
Bahamas	31
Costa Rica	31
Estonia	34
Chile	35
Russian Federation	36
Ukraine	36
Latvia	38
Brunei Darussalam	39
Uruguay	39
Bulgaria	41
Portugal	41
Trinidad and Tobago	43
Belarus	44
Argentina	45
Armenia	45
Mauritius	47
Moldova, Rep. Of	48
Kuwait	49
Lithuania	49
Malaysia	49
Poland	49
Sri Lanka	49
Jamaica	54
Bahrain	55
Fiji	56
Albania	57
Panama	58
Thailand	59
Venezuela	60
Colombia	61
Jordan	62
Mexico	62
Romania	62
United Arab Emirates	65
Brazil	66
Dominican Republic	67
China	68
Qatar	69
Samoa (Western)	70
Uzbekistan	71
Tunisia	72
Viet Nam	72
Iran, Islamic Rep. of	74
Paraguay	75
Saudi Arabia	76
Belize	77
El Salvador	77
Philippines	79
Tajikistan	80
Ecuador	81
South Africa	82
Algeria	83
Oman	84
Mongolia	85
Peru	86
Syrian Arab Republic	87
Turkey	88
Honduras	89
Botswana	90
Nicaragua	91
Indonesia	92
Cape Verde	93
Egypt	94
Zimbabwe	94
Namibia	96
Swaziland	97
Bolivia	98
Guatemala	99
Myanmar	100
Kenya	101
Lesotho	102
Sudan	103
Morocco	104
Papua New Guinea	105
Madagascar	106
Ghana	107
Tanzania, U. Rep. of	108
Cameroon	109
Haiti	109
Comoros	111
India	112
Djibouti	113
Iraq	113
Zambia	115
Nigeria	116
Cambodia	117
Pakistan	118
Rwanda	119
Bangladesh	120
Togo	121
Senegal	122
Congo, Dem. Rep. of the	123
Mauritania	123
Côte d' Ivoire	125
Eritrea	126
Uganda	127
Benin	128
Central African Republic	128
Burundi	130
Malawi	131
Nepal	132
Mozambique	133
Burkina Faso	134
Yemen	134
Ethiopia	136
Mali	137
Guinea Bissau	138
Chad	139
Niger	140

THE GIRLS' INVESTMENT INDEX

The new Girls' Investment Index measures and ranks the status of girls and young women in 140 countries to gauge how well each country is investing in its future generation of mothers and children. Included are 42 developed countries and 98 developing countries.

The Girls' Investment Index captures the status of girls and young women from infancy through childbearing age, and presents indicators that reflect women's and children's health status overall. It is composed of 12 different indicators, which are grouped into four investment areas: girls' education, girls' health, young motherhood and safe motherhood.

Together, these 12 indicators provide an overall measure of those aspects of girls' and young women's well-being that help predict the success of the next generation of mothers and their children. For instance, the age at which a girl marries affects the likelihood that she will complete school, the number and timing of the children she may bear, and the well-being of those children. The indicators are:

- In Niger, one out of five girls aged 15 to 19 has given birth.
- In Chad, there are only 55 girls for every 100 boys enrolled in primary school.
- In Bangladesh, the average age for a girl at first marriage is 14.
- In Mali, nearly 1 out of every 4 girls dies before her fifth birthday.

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Country Rankings

GIRLS' EDUCATION

- **Adult female literacy rate.** This measure reflects the percentage of women (over age 15) who can read and write. It is estimated that two thirds of the world's 960 million illiterate adults are women.
- **Female primary school enrollment as percent of male enrollment.** The total number of girls enrolled in primary school – regardless of age – expressed as a percentage of the total number of males enrolled in primary school.

GIRLS' HEALTH

- **Female infant mortality rate.** This indicator is the number of girls out of 1,000 live female births who die in their first year. The rate provides telling information about infant feeding and early child care practices in the home, accessibility of food, preventive health services, and medical care.
- **Female under-five mortality rate.** This indicator is the number of girls out of 1,000 live female births who die before they reach the age of five.

SAFE MOTHERHOOD

- **Percent of births attended by trained personnel.** This indicator measures the percentage of births attended by physicians, nurses, midwives or primary health care workers trained in midwifery skills. Trained attendants at childbirth reduce both maternal and newborn mortality by providing a hygienic environment and arranging transportation or referrals for patients when complications arise.

The Girls' Investment Index

Top Ten – All Countries		Top Ten – Developing Countries		Bottom Ten – All Countries	
Rank	Country	Rank	Country	Rank	Country
1	Finland	9	Singapore	140	Niger
1	Sweden	15	Korea, Republic of	139	Chad
3	United Kingdom	25	Cyprus	138	Guinea Bissau
4	Denmark	30	Cuba	137	Mali
5	Australia	31	Bahamas	136	Ethiopia
5	Canada	31	Costa Rica	134	Burkina Faso
5	Germany	35	Chile	134	Yemen
5	The Netherlands	39	Brunei Darussalam	133	Mozambique
9	Belgium	39	Uruguay	132	Nepal
9	Singapore	43	Trinidad/Tobago	131	Malawi

- **Female secondary school enrollment as percent of male enrollment.** The total number of girls enrolled in secondary school – regardless of age – expressed as a percentage of the total number of males enrolled in secondary school.
- **Female youth illiteracy rate.** The percent of women between the ages of 15 and 24 who cannot read and write.

YOUNG MOTHERHOOD

- **Births to women 15 to 19 years of age.** The adolescent fertility rate is equal to the number of births per 1,000 women, aged 15 to 19.
- **Percent of women ages 15 to 19 ever married.** This indicator measures the percentage of women ages 15 to 19 who have ever been married. Data are from 1991-1998.
- **Average age at first marriage (women).** Average age at first marriage may include formal and informal unions.

- **Estimated maternal mortality ratio.** This indicator calculates the number of women who die of pregnancy-related causes per 100,000 live births, and is influenced by women's overall health status and their access to safe delivery and emergency obstetric care.
- **Percent of women using modern contraception.** This indicator estimates the percentage of women, aged 15 to 49, married or in union, who use modern contraception to plan the spacing and/or number of their children.

THE TEN TOP AND THE BOTTOM TEN

Finland and Sweden tie for first place on the Girls' Investment Index, followed by the United Kingdom and Denmark. The 10 top-ranked countries on the Investment Index score well on most indicators. Infant and child death rates for girls are low: about 5 girls in 1,000 die before their first birthday; 7 girls in 1,000 die before the age of five. Nearly the same number of girls and boys are enrolled in primary and secondary school, and all countries – with the exception of Singapore – are above 99 percent for adult female literacy. On average, young women get married for the first time at age 27; while 2 out of 100 teenage girls have children.

In the bottom 10 countries, girls and young women (the next generation of mothers) are not faring well. More than 1 out of 10 girls does not live to see her first birthday. Even fewer girls live to enjoy a fifth birthday – almost 1 out of 6 girls dies before reaching age five.

For those who survive, an average of 66 girls for every 100 boys attend primary school; the proportion drops to 49 girls for every 100 boys in secondary school. In addition, the findings clearly demonstrate that many young girls are already mothers; in Niger, for example, 1 out of 5 girls aged 15 to 19 has given birth. On average, three quarters of all births take place with no trained health professional present. More than 1 out of 100 pregnancies (and births) results in a mother's death. All but two of the 10 bottom-ranked countries are in sub-Saharan Africa.

Data on education illuminate these regional discrepancies. With a regional average of 50 percent, sub-Saharan Africa has the lowest female literacy rate of any region, ranging from more than 80 percent in South Africa and Zimbabwe to a low of 17 percent in Guinea-Bissau, 13 percent in Burkina Faso and 7 percent in Niger.

Individual country comparisons are equally stark:

- In Bangladesh, the average age for a girl at first marriage is 14.
- In Malawi, nearly 1 out of every 7 girls dies before the age of one; in Mali, nearly 1 out of every 4 girls dies before her fifth birthday.
- In Chad, there are only 55 girls for every 100 boys enrolled in primary school; in Yemen, there are only 26 girls for every 100 boys enrolled in secondary school.
- In the Congo, more than 1 out of every 5 girls aged 15 to 19 has given birth.

Counting What Really Counts...

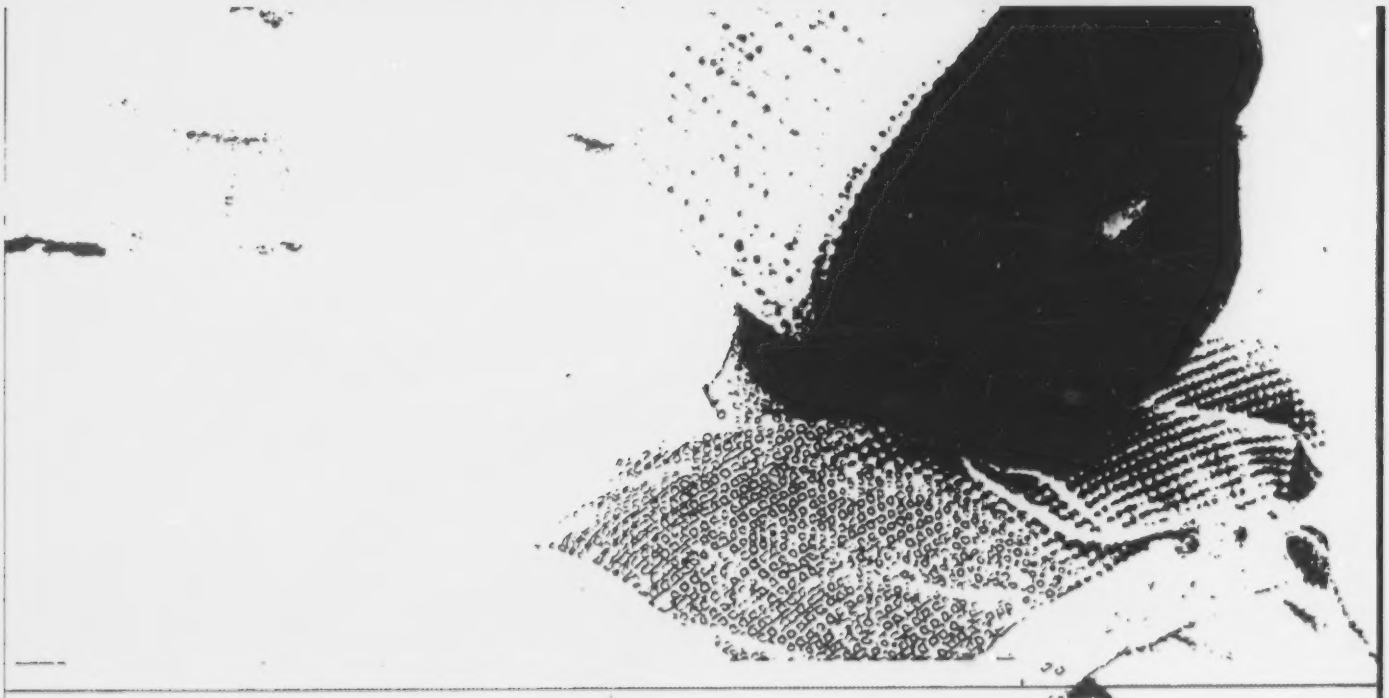
The Girls' Investment Index highlights four important investment areas: girls' **education, girls' health, young motherhood and safe motherhood.** Countries that are willing and able to invest in these areas are much more likely to ensure a high quality of life for the next generation of mothers and their children.

However, there are other areas of investment for which data are not currently available or for which data are not disaggregated by gender or age, which would contribute important information about girls today – and the mothers of tomorrow.

Women's economic status is an important predictor of how future generations of mothers and children will fare. Unfortunately, data on women's economic status, including data on their share and control of household income and their participation in the formal and informal work sectors, is lacking for many countries of the world.

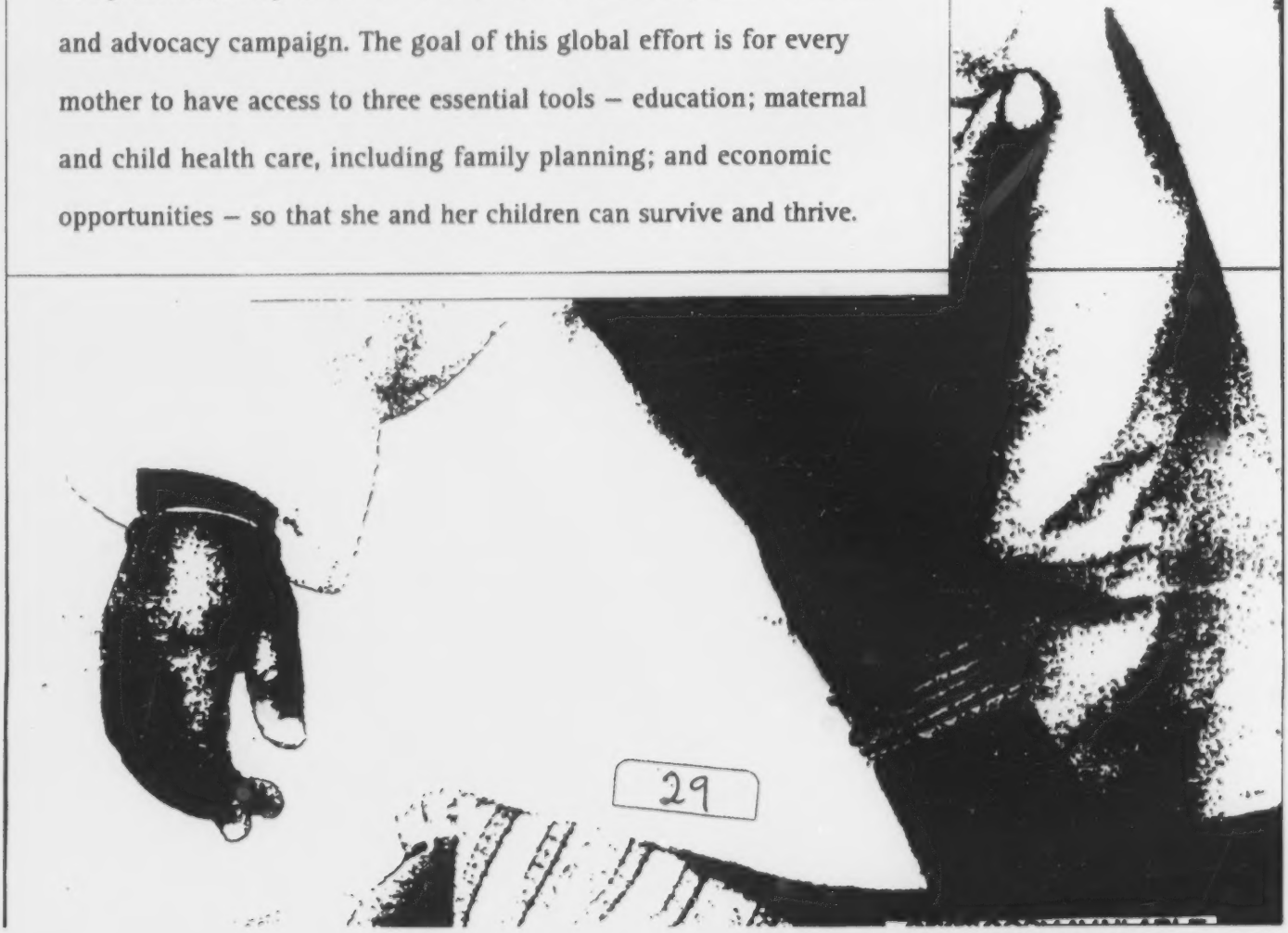
Violence against women is another area where additional data would contribute to a fuller understanding of women's and girls' lives and their prospects for the future. While there is a growing body of research in this area, the data is seldom comparable across countries due to national variations in legal and cultural norms and in research techniques.

Additional data collection and analysis, disaggregated by gender and age, is also needed in the areas of HIV/AIDS, and women's and girls' unmet nutritional and health care needs.



A Call to Action

Every Mother/Every Child is a new Save the Children public awareness and advocacy campaign. The goal of this global effort is for every mother to have access to three essential tools – education; maternal and child health care, including family planning; and economic opportunities – so that she and her children can survive and thrive.



Go Global! Save the Children's Every Mother/Every Child Campaign

This Mother's Day, Save the Children is launching a major global public awareness and advocacy campaign – **Every Mother/Every Child.** Its goal is to ensure that every mother in the developing world has the tools she needs so she and her children can survive and thrive.

The campaign begins with a simple premise: Millions of women and their families are trapped in a cycle of illiteracy, inadequate health care and poverty. However, when women have access to three essential tools – education, economic opportunities, and maternal and child health care, including family planning – they are able to take control of their own lives and to break this cycle for their children and their families.

The broad goals of the *Every Mother/Every Child* campaign are threefold:

- To educate the American public about the need for improved health, education and economic opportunities for mothers in the developing world.
- To work with policymakers to improve US and international policies for mothers and children worldwide; and
- To increase the amount of money available from individuals, corporations, foundations and the US government for international programs.

Already, major funding for the campaign has been received from the Bill & Melinda Gates Foundation to support Save the Children's work to reduce the 5.4 million newborn deaths each year, and from the David and Lucile Packard Foundation to educate and mobilize the American public around issues that affect maternal and child well-being.

Our ability to reach the world's 3 billion women, 2 billion of whom are mothers, with education, critical health care services, and economic opportunities will determine the quality of life for generations to come. Together, we have the power to put these three essential tools in the hands of every mother, for every child.

Save the Children calls on you to join the *Every Mother/Every Child* campaign and to work with us in our efforts to ensure that Every Mother and Every Child have the tools they need to survive and thrive. We ask you to take the following steps today:

1. **Sign the pledge card inserted in this report and join the partners of Save the Children's *Every Mother/Every Child* campaign.**
2. **Send a letter to President George W. Bush, your US Senators and your Member of Congress urging them to become sponsors of the *Every Mother/Every Child* campaign. A draft letter can be found on the adjoining page. (To reach your Congressional offices by phone, call the Capitol Hill switchboard at 202-224-3121 and the operator will connect you.)**
3. **Visit the *Every Mother/Every Child* website (www.savethechildren.org) to learn more about Save the Children's efforts to help mothers and their families, and to identify additional opportunities for involvement in this campaign.**

Take Action Now!

Photocopy the letter at right, sign at the bottom and send to:

President George W. Bush
The White House
1600 Pennsylvania Ave., NW
Washington, DC 20500

(Your Senator)
United States Senate
Washington, DC 20510

(Your Representative)
United States House of Representatives
Washington, DC 20515

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An Open Letter to Federal Policymakers

Dear

The time has come for our nation to ensure that every mother and every child have the tools they need to survive and thrive. The second annual *State of the World's Mothers* report, produced by Save the Children, highlights the importance of safe motherhood, family planning, and education for girls and women as key to their survival and success. Gender-based violence and the rising tide of HIV/AIDS are taking a heavy toll on girls and women around the world.

We support an increased political and financial commitment to programs *proven* to help transform the lives of mothers and children in the developing world:

Child survival programs. Every year in developing countries, more than 10 million children die from preventable diseases before their fifth birthday. We need to expand immunization services, vitamin A programs, and improved diagnosis and treatment of pneumonia, diarrheal disease and malaria – the major killers of children. Looking to the future, we need to invest in the development of new or improved vaccines that protect against HIV/AIDS, tuberculosis and malaria.

"Safe motherhood" initiatives. These activities help women have access to the information and care they need to go safely through pregnancy and childbirth, including: prenatal health care, skilled health assistance at every birth, and emergency obstetric care.

Education, particularly for girls and women. Nearly two thirds of the 125 million children not attending primary school are girls. Yet investing in female literacy is one of the best guarantors of women's and children's health and well-being. Every year of schooling a girl has directly corresponds to an increase in the chances for her children to survive.

Voluntary family planning services. All couples should have the ability to space their pregnancies at healthy intervals – one of the most effective ways to prevent maternal and infant deaths.

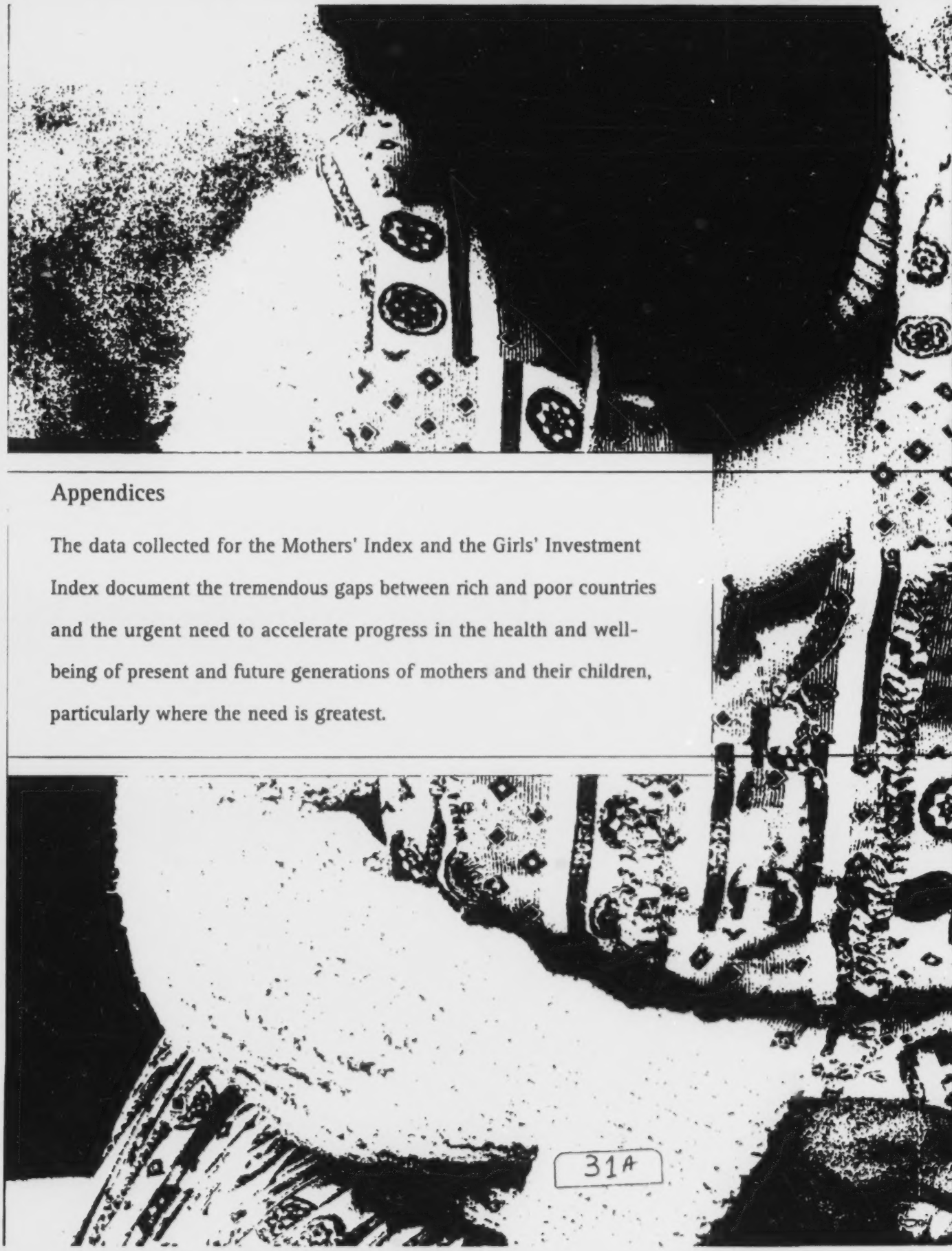
Microcredit and other economic activities for women. Studies have shown that when women are able to earn, they invest that money in their families.

We have joined with SAVE THE CHILDREN and their *Every Mother/Every Child* campaign to ensure that all mothers have access to:

- **maternal and child health care, including voluntary family planning services;**
- **quality education; and**
- **economic opportunities so that they can provide for their families.**

We urge you to join this campaign and become part of the fight to ensure that mothers and their children survive and thrive.

Signed,



Appendices

The data collected for the Mothers' Index and the Girls' Investment Index document the tremendous gaps between rich and poor countries and the urgent need to accelerate progress in the health and well-being of present and future generations of mothers and their children, particularly where the need is greatest.

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Appendix 1: The Complete Mothers' Index

Country	Women's Index						Children's Index				GDP $	Mothers' Index Rank
	Health Status				Education Status	Political Status	Children's Status					
	Lifetime risk of maternal mortality (1 in number stated)	Percent of women using modern contraception	Percent of births attended by trained personnel	Percent of pregnant women with anemia	Adult female literacy rate	Participation of women in national government (% of seats held by women)	Infant mortality rate (per 1,000 live births)	Gross primary enrollment ratio (expressed as a percent)*	Percent of population with access to safe water	Percent of children under age five suffering from moderate or severe nutritional wasting	GDP per capita (ppp) (factor not ranked)	Mothers' Index Rank (out of 94 countries)
Algeria	120	49	77x	42	54	3	36	96	94	9	4,792	61
Argentina	290		98	26	97	28	19	94	79		12,013	15
Australia	4900	72	100x		99x	22	5	100	100		22,452	9
Austria	5600	56	100x		99x	26	4	100	100		23,166	8
Bangladesh	21	41	13	53	29	9	58	97	97	18	1,361	74
Benin	12	3	60	41	23	6	99	76	63	14	867	85
Bolivia	26	17	59	51	78	12	64	97	79	2	2,269	54
Botswana	65	32	87		78	9	46	87		11	6,103	54
Brazil	130	71	92	33	85	6	34	77	83	2	6,625	37
Bulgaria	1800	7	100x		98	11	14	100	100		4,809	24
Burkina Faso	14	4	27	24	13	8	106	41		18	870	93
Burundi	9	1	24x	68	38	6	106	62		9	570	88
Cameroon	26	4	55	44	67	6	95	82	62	6	1,474	66
Canada	7700	74	100x		99x	21	6	100	100		23,582	7
Central African Republic	21	3	46x	67	32	7	113	61	60	7	1,118	86
Chile	490		100	13	95	11	11	100	94	0	8,787	17
China	400	83	67	52	75	22	33	100	75	3	3,105	33
Colombia	300	59	85	24	91	12	26	99	91	1	6,006	23
Costa Rica	420	65	98		95	19	13	96	98		5,987	14
Côte d' Ivoire	14	5	47		36	8	102	71	77	8	1,598	81
Cuba	490	68	100		96	28	6	97	95	4	3,967	12
Cyprus	6900		100x	23	95	5	7	100	100		17,482	12
Czech Republic	2900	45	99x	76	99x	15	5	100		2	12,362	20
Denmark	5800	71	100x		99x	37	4	100	100		24,218	3
Dominican Republic	230	60	99		83	16	43	93x	79	1	4,598	30
Ecuador	150	46	71	17	89	17	27	99	71	2	3,003	26
Egypt	120	46	61	24	42	2	41	100	95	6	3,041	63
El Salvador	65	48	90	14	75	17	35	94	74	1	4,036	32
Eritrea	10	4	21x		38	15	66	59	46	16	833	84
Ethiopia	9	2	10	42	31	2	118	42	24	11	574	92
Finland	4200	77	100x		99x	37	4	99	100		20,847	4
Gambia	13		44x	80	28	2	61	72	62		1,453	89
Ghana	18	10	44		60	9	63	79	64	10	1,735	69
Guatemala	75	26	41	39	60	13	45	94	92	3	3,505	59
Guinea-Bissau	7	1	25	74	17	10	128	69	49		616	94
Haiti	17	13	21	38	46	4	83	79	46	8	1,383	78
Honduras	75	41	55	14	74	8	33	97	90	1	2,433	44
India	37	37	34x	88	44	8	70	90	88	18	2,077	77
Iran, Islamic Rep. of	130	45	86		67	5	37	98	95	5	5,121	53
Iraq	46	11	54x	18	43	6	104	98	85	10	3,197	68
Jamaica	280	58	95	40	90	13	10	94	71	3	3,389	29
Jordan	95	27	97		83	0	29	93	96	2	3,347	49
Kenya	20	28	44	35	74	4	76	89	49	6	980	64
Korea, Rep. of	380	69	98x		96	4	5	98	92		13,478	22
Kuwait	820	32	98	40	79	0	11	99		3	25,314	46
Lao People's Dem. Rep.	19	15	14x		30	21	93	91	90	11	1,734	73
Lebanon	85	18	89		79	2	28	92	100	3	4,326	51
Lesotho	26	19	50x	7	93	4	93	94	91	5	1,626	48
Madagascar	27	5	47		58	8	95	100	47	7	756	70

Country	Women's Index						Children's Index				GDP $	Mothers' Index Rank
	Health Status				Education Status	Political Status	Children's Status					
	Lifetime risk of maternal mortality (1 in number stated)	Percent of women using modern contraception	Percent of births attended by trained personnel	Percent of pregnant women with anemia	Adult female literacy rate	Participation of women in national government (% of seats held by women)	Infant mortality rate (per 1,000 live births)	Gross primary enrollment ratio (expressed as a percent)*	Percent of population with access to safe water	Percent of children under age five suffering from moderate or severe nutritional wasting	GDP per capita (ppp) (factor not ranked)	Mothers' Index Rank (out of 94 countries)
Malawi	20	14	55x	55	44	8	132	70	57	7	523	80
Malaysia	270	31	96	56	82	8	8	94	95		8,137	40
Mali	10	5	24	58	31	12	143	50	65	23	681	91
Mauritania	16	1	40x		31	4	120	86	37	7	1,563	87
Mauritius	300	49	97x	29	80	8	19	100	100	15	8,312	36
Mexico	220	58	86	14	89	17	27	93	86	2	7,704	21
Moldova, Rep. of	580	50		50	98	9	27	96	100		1,947	27
Morocco	33	42	40	45	34	1	45	85	82	2	3,305	71
Mozambique	9	6	44	58	27	25	127	76	60	8	782	79
Namibia	42	26	68x	16	80	22	56	79	77	9	5,176	46
Nepal	10	26	9	65	22	6	75	83	81	7	1,157	83
Netherlands	4300	76	100		99x	36	5	100	100		22,176	5
Nicaragua	100	45	65	36	69	10	38	96	79	2	2,142	52
Norway	7300	69	100x		99x	36	4	100	100		26,342	2
Pakistan	38	13	19	37	29	2	84	84	88	11	1,715	82
Papua New Guinea	17	20	53	13	55	2	79	63	42	6	2,359	71
Paraguay	120	41	71	29	92	3	27	93	79	1	4,288	37
Peru	85	41	56	53	84	11	42	83	77	1	4,282	50
Philippines	75	25	56	48	95	12	31	86	87	6	3,555	44
Romania	340	14	99x	31	97	7	21	100	58	3	5,648	35
Russian Federation	620		99	30	99x	10	18	98x	99	4	6,460	18
Senegal	11	8	47	26	26	12	68	66	78	7	1,307	75
Singapore	4900	73	100x		88	4	4	94	100		24,210	16
South Africa	85	49	84	37	84	30	54	97	86	3	8,488	25
Sri Lanka	230	43	94x	39	88	5	17	98	83	14	2,979	43
Sudan	21	6	86x	36	43	5	67	46	75	13	1,394	76
Sweden	6000	71	100x		99x	43	3	100	100		20,659	1
Switzerland	8700	65	99x		99x	21	3	98x	100		25,512	6
Syrian Arab Republic	75	28	76x		58	10	25	95	80	9	2,892	60
Tanzania, U. Rep. of	18	13	35		64	16	90	76	54	6	480	67
Thailand	180	72	71x	57	93	6	26	91	80	6	5,456	39
Trinidad and Tobago	360	45	98x	53	92	11	17	99	86	4	7,485	31
Tunisia	140	51	81		58	7	24	89		1	5,404	54
Turkey	130	35	81		75	4	40	92	83	8	6,422	58
Uganda	10	8	38	30	54	18	83	83	50	5	1,074	65
United Arab Emirates	730	24	99	46	77	0	8	100		15	17,719	57
United Kingdom	5100	78	98x		99x	18	6	91	100		20,336	10
United States	3500	67	99x		99x	13	7	100	100	1	29,605	11
Uruguay	410		100	20	98	7	15	93	98	1	8,623	18
Uzbekistan	370	52	98		83	6	45	100	85	12	2,053	42
Venezuela	200	37	95	29	91	13	20	91	84	3	5,808	27
Viet Nam	130	44	77	52	91	26	31	97	56	11	1,689	34
Yemen	8	10	22		23	1	86	68	69	13	719	90
Zambia	14	14	47	34	69	9	112	100	64	4	719	62
Zimbabwe	28	42	84		83	14	60	97	85	6	2,669	40

* Scores over 100 percent are discounted. Scores over 105 are penalized. For details, please see Appendix 4.

x Data may refer to a different year than the year noted or may vary from the standard.

Appendix 2: The Complete Girls' Investment Index

Country	Safe Motherhood			Young Motherhood			Girls' Health		Girls' Education				Girls' Index Rank
	Percent of births attended by trained personnel	Estimated maternal mortality ratio	Percent of women using modern contraception	Births to women ages 15 to 19 (per 1,000 women)	Percent of women ages 15 to 19 ever married	Average age at first marriage (women)	Female infant mortality rate	Female under 5 mortality rate	Adult female literacy rate	Female primary school enrollment as percent of male enrollment	Female secondary school enrollment as percent of male enrollment	Female youth illiteracy rate	Girls' Investment Index Rank (out of 140 countries)
Albania	99x	65		34		22	27	39	76	100	100	3	57
Algeria	77x	160x	49x	25	10x	24	39	45	54	96	95	18	83
Argentina	98	100x		65	12	23	19	22	97	98	100	1	45
Armenia	97	50		41	15x		23	30	97	100	100x	0	45
Australia	100x	9	72	20	2	26	5	6	99x	100	100		5
Austria	100x	10	33x	18	3	26	5	7	99x	99	97		31
Bahamas	100x	100x	60x	69	4x		13		96	100	100x		31
Bahrain	98	60x	30	22	7	25	15		81	100	100		55
Bangladesh	13	850x	43	115	50	14	79	116	29	97	52x	61	120
Belarus	100x	37	42	36	8x	23	16	20	99x	95	100	0	44
Belgium	100x	10	75	11	2	25	6	7	99x	98	100		9
Belize	77x		42x	99	7x		28	37	93	93	100x		77
Benin	60	990x	3	116	29	19	81	124	23	66	42	65	128
Bolivia	59	650	25	79	12	21	61	83	78	96	85x	7	98
Botswana	87	250x	32	78	6	25	55	101	78	99	100	8	90
Brazil	92	220x	70	72	17	21	36	41	85	96x	100x	6	66
Brunei Darussalam	98x	60x		33	8		10		87	95	100		39
Bulgaria	100x	27	46	49	16x	22	14	16	98	99	99	1	41
Burkina Faso	27	930x	5	157	45	18	96	166	13	69	55x	79	134
Burundi	24x	1300x	1	55	9x	22	112	168	38	81	56	42	130
Cambodia	34	900x		14		23	97	127		88	60	61	117
Cameroon	55	550x	7	140	36	18	70	109	67	84	69x	8	109
Canada	100x	6	75x	23	1	26	5	6	99x	98	100		5
Cape Verde	54		46	79	7x		52		65	93	100		93
Central African Republic	46x	700x	3	142	42	17	88	141	32	71	40x	45	128
Chad	15	1500x	1	185	49	16	105	164		55	27	45	139
Chile	100	65x		49	12	23	12	13	95	98	100	1	35
China	67	95	83	5	2x	22	48	54	75	99	90	5	68
Colombia	85	100x	59	88	17	21	26	35	91	100	100	3	60
Comoros	52	950x	11	83	12	19	70		52	86	76x		111
Congo, Democratic Republic of the		870x	2	217		20	84	130	47	73	59x	28	123
Costa Rica	98	55x	65	85	6x	22	11	13	95	99	100	2	31
Côte d' Ivoire	47	810x	4	133	28	18	82	129	36	73	48	44	125
Cuba	100	95x	67	65		20	7	10	96	100	100	0	30
Cyprus	100x	5x		17	8	25	8		95	100	100		25
Czech Republic	99x	15	45	23	2	22	5	7	99x	98	100		29
Denmark	100x	9	72x	9	5	28	6	7	99x	99	100		4
Djibouti	79x	570x		31	7x	19	98		51	73	71		113
Dominican Republic	99	110x	59	89	29	19	29	41	83	100x	100x	9	67
Ecuador	71	150x	46	72	20x	20	40	54	89	99	100x	4	81
Egypt	61	170	54	65	14	19	47	64	42	93	88	40	94
El Salvador	90	300	48	95	16	19	29	37	75	100	100	13	77
Eritrea	21x	1400x	4	119	38	17	86	137	38	84	71	41	126
Estonia		41	56x	38	7x	23	13	17	99x	98	100		34
Ethiopia	10	1400x	3x	152	49x	18	109	174	31	60	71	50	136
Fiji		90x	40	48	13x	23	15		90	99	100x		56
Finland	100x	11	75x	10	1	27	5	6	99x	100	100		1
France	99x	15	69x	9	1x	26	6	7	99x	98	99		11
Germany	100x	22	72	11	2	26	5	6	99x	100	98		5
Ghana	44	740x	13	113	22	19	60	95	60	88	64x	14	107
Greece	99x	10		13	6	25	7	8	96	100	100	0	22
Guatemala	41	200x	31	119	23	19	41	57	60	89	92	28	99
Guinea-Bissau	25	910		190		18	123	192	17	61	44x	70	138

Country	Safe Motherhood			Young Motherhood			Girls' Health		Girls' Education				Girls' Index Rank
	Percent of births attended by trained personnel	Estimated maternal mortality ratio	Percent of women using modern contraception	Births to women ages 15 to 19 (per 1,000 women)	Percent of women ages 15 to 19 ever married	Average age at first marriage (women)	Female infant mortality rate	Female under 5 mortality rate	Adult female literacy rate	Female primary school enrollment as percent of male enrollment	Female secondary school enrollment as percent of male enrollment	Female youth illiteracy rate	Girls' Investment Index Rank (out of 140 countries)
Haiti	21	1000x	13x	70	17	21	63	97	46	97	95x	38	109
Honduras	55	220	41	115		19	30	43	74	100	100x	16	89
Hungary	99x	30	68x	28	3	22	9	10	99x	98	100	0	22
Iceland	100x	0		24	1x		5		99x	100	99		15
India	34x	570x	43	112	39	20	78	97	44	83	66	37	112
Indonesia	56	650x	55	58	14	19	43	56	81	94	87	4	92
Iran, Islamic Republic of	86	120	56	29	22	22	35	51	67	92	90	10	74
Iraq	54x	310x	10	45	28x	22	94	114	43	86	63	36	113
Ireland	100x	10		19	1x	26	6	7	99x	99	100		18
Israel	99x	7		19	5	23	8	9	94	100x	100x	1	26
Italy	100x	12	32x	7		26	7	8	98	99	100	0	28
Jamaica	95	120	63x	91	1	20	20	25	90	96	100x	3	54
Japan	100x	18	53	4	1	27	4	5	99x	100	100x		14
Jordan	97	150x	38	43	9	22	26	31	83	100	100x	1	62
Kenya	44	650x	31	95	17	20	64	101	74	99	85	7	101
Korea, Republic of	98x	130x	70	4	1	25	10	13	9€	100	100	0	15
Kuwait	98	29x	47	34	13	23	12	14	79	96	100	8	49
Latvia	100x	40	39x	27	9x	23	13	18	100x	99	100	0	38
Lesotho	50x	610x	19x	86	17x		91	127	93	96	100	2	102
Lithuania		36	40	37	7x	22	17	18	99x	97	100	0	49
Luxembourg	100x	0		12	3x		7		99x	100x	100x		18
Madagascar	47	490	10	137	34	19	76	110	58	99	100	25	106
Malawi	55x	560	14	162	45x		136	217	44	90	57	41	131
Malaysia	96	80x	31x	25	8	24	10	13	82	100	100	3	49
Mali	24	1200x	5	181	50	16	111	227	31	67	50	44	137
Malta	98x	0		12	3x		7		92	99	95		27
Mauritania	40x	930x	1	135		23	85	142	31	90	52	60	123
Mauritius	97x	120x	49	37	11x	23	12	13	80	100	100	6	47
Mexico	86	110x	58	70	16x	21	29	34	89	100	100	4	62
Moldova, Republic of		60	50	32	14x	22	23	25	98	99	100	0	48
Mongolia	93	65x	25x	47		24	51	75		100	100	28	85
Morocco	40	610	42	50	13	20	46	62	34	81	77	45	104
Mozambique	44	1500x	5	128	47	17	107	173	27	76	56	57	133
Myanmar	56	580x	14	26		22	72	104	80	97	100x	10	100
Namibia	68x	370	26	105	7		64	119	80	100	100	7	96
Nepal	9	1500x	26	120	44	16	84	124	22	74	51x	61	132
Netherlands	100	12	76x	4	1	27	5	7	99x	98	96		5
New Zealand	95x	25	72	34	2	27	7	8	99x	100	100		12
Nicaragua	65	160	57	152	34	18	38	53	69	100	100	24	91
Niger	18	1200	5	199	62	15	106	181	7	61	56	88	140
Nigeria	33	1000x	9	121	36	17	77	140	53	87	85x	19	116
Norway	100x	6		13	1x	26	4	6	99x	100	96		15
Oman	91	190x	18	80		19	20	24	58	95	96	6	84
Pakistan	19	340x	17	90	22	22	73	104	29	70	52x	53	117
Panama	90	55x	54	82	21x	22	20	26	91	96x	100x	4	58
Papua New Guinea	53	930x	20	24	21	21	64	88	55	100	65	30	105
Paraguay	71	160x	49	76	17	21	34	43	92	97	100	3	75
Peru	56	280x	41	58	13	21	40	58	84	98	93	5	86
Philippines	56	280	28	43	10	22	31	38	95	100	100x	1	79
Poland	99x	19	19x	23	2	22	13	14	100x	98	99	0	49
Portugal	98x	15	33	20	6	25	8	10	89	95	100x	0	41
Qatar	98		29	66	14x	23	14		82	94	98		69
Romania	99x	130	15	36	7	22	18	26	97	98	99	0	62
Russian Federation	99	75	55x	45	11x	23	15	19	99x	99x	100x	0	36

Country	Safe Motherhood			Young Motherhood			Girls' Health		Girls' Education				Girls' Index Rank
	Percent of births attended by trained personnel	Estimated maternal mortality ratio	Percent of women using modern contraception	Births to women ages 15 to 19 (per 1,000 women)	Percent of women ages 15 to 19 ever married	Average age at first marriage (women)	Female infant mortality rate	Female under 5 mortality rate	Adult female literacy rate	Female primary school enrollment as percent of male enrollment	Female secondary school enrollment as percent of male enrollment	Female youth literacy rate	Girls' Investment Index Rank (out of 140 countries)
Rwanda	26x	1300x	13	56	10	23	117	191	57	100	75x	21	119
Samoa (Western)	76x	35x	34	37	4x		24		78	97	100		70
Saudi Arabia	91	130x		113	16x	22	20	24	64	93	88	11	76
Senegal	47	1200	8	119	29	18	59	112	26	79	60	60	122
Singapore	100x	10	73	7	1x	27	5	6	88	98	100	0	9
Slovenia	100x	13		17	2	24	6	8	100x	100	100	0	21
South Africa	84	230x	61	68	4x	26	51	76	84	88	100	9	82
Spain	96x	7	67x	8	3	26	6	7	97	98	100	0	12
Sri Lanka	94x	140x	44x	20	7x	24	16	20	88	98	100	4	49
Sudan	86x	660	7x	52	16x	24	65	108	43	90	90	32	103
Swaziland	56x	560x	17x	90	10	29	58		77	94	98		97
Sweden	100x	7	71x	7	1x	28	5	6	99x	100	100		1
Switzerland	99x	6		4	1	28	5	7	99x	99x	94x		18
Syrian Arab Republic	76x	180	28	44		22	27	33	58	95	89	23	87
Tajikistan	79	130		35	12x	22	50	73	99	98	89	0	80
Tanzania, United Republic of	35	770x	17	125	25	18	77	123	64	99	83	13	108
Thailand	71x	200x	72	70	6	23	27	33	93	97	97x	2	59
Togo	51	640x	7	120	20	19	78	120	38	71	35	44	121
Trinidad and Tobago	98x	90x	44x	40	11x	22	11	12	92	99	100	3	43
Tunisia	81	170x	51	13	3	25	29	36	58	94	95	13	72
Turkey	81	180	38	44	14	24	39	52	75	88	71	7	88
Uganda	38	1200x	8	180	50	18	101	164	54	88	60	30	127
Ukraine	100	50		36	16x		16	20	99x	99x	100x	0	36
United Arab Emirates	99	26x	24	73	19x	23	15	17	77	98	100	6	65
United Kingdom	98x	9	82x	29	1	26	6	8	99x	100	100		3
United States	99x	12	67	59	4	25	6	8	99x	99	99		22
Uruguay	100	85x		70	13	23	14	17	98	97	100	1	39
Uzbekistan	98	55	51	35	13	20	39	56	83	100	88x	5	71
Venezuela	95	120x	40	98	20x	21	18	22	91	100	100	2	60
Viet Nam	77	160x	56	27	11x	21	38	57	91	97	93x	3	72
Yemen	22	1400x	10	102	24	17	78	114	23	51	26	58	134
Zambia	47	940x	14	134	27	18	81	144	69	98	62x	16	15
Zimbabwe	84	570x	50	89	21	19	65	111	83	95	85	5	94

* Scores over 100 percent are discounted to 100. x Data may refer to a different year than the year noted or may vary from the standard.

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Appendix 3: Methodology & Research Notes (The Mothers' Index)

1. In general, the construction and calculation of the 2001 Mothers' Index is consistent with the methodology used in 2000. However, changes in data collection and availability in statistical sources necessitated the changing of two indicators and the re-weighting of several others. The new indicators are: participation of women in national government (formerly percentage of national government positions held by women), and percentage of population with access to an improved drinking water source (the name remains the same but the definition has changed slightly.) The revised indicator weights are discussed below (please see steps 8 and 9).

2. In the first year of the Mothers' Index (2000), a review of literature and consultation with members of the Save the Children staff identified health status, educational status, political status and children's well-being as key factors related to the well-being of mothers. Indicators were selected to represent these factors, and published data sources for each indicator were identified. In some cases, the factors were difficult to capture because few countries reported related statistics. To adjust for these variations in data availability when calculating the final index, the indicators for maternal health and children's well-being were grouped into sub-indices (see step 7). This procedure allowed researchers to draw on the wealth of useful information on those topics without giving too little weight to the factors for which less abundant data were available.

3. Data were gathered for six indicators of women's status and four indicators of children's status.

The indicators that represent women's health status are:

Lifetime risk of maternal mortality. Calculations are based on maternal mortality and fertility rate in a country. Some country estimates are derived using a WHO/UNICEF methodology. Source: *WHO 1997, Maternal Health Around the World* (wall chart).

Percent of women using modern contraception. Data are derived from sample survey reports and estimate the proportion of married women (including women in consensual unions) currently using modern methods of contraception (including male and female sterilization, IUD, the pill, injectables, hormonal implants, condoms and female barrier methods.) Source: *UN Population Division (1998). Contraceptive Trends and Levels 1998* (wall chart) New York, United Nations, as published in UNFPA (2000) *Lives Together, Worlds Apart: The State of World Population 2000.* Available on-line at: http://www.unfpa.org/swp/2000/english/indicators/indicators1.html (Monitoring ICPD Goals).

Percent of births attended by trained personnel. Percentage of births attended by trained personnel is defined as those births attended by physicians, nurses, midwives or primary health care workers trained in midwifery skills. Data are from 1995-2000. Source: *UNICEF (2001). State of the World's Children.* Available on-line at http://www.unicef.org/sowc01/tables, (Table 7).

Percent of pregnant women with anemia. Prevalence of anemia, or iron deficiency, is defined as hemoglobin levels less than 11 grams per deciliter among pregnant women. Data are from 1985-1995. Source: *World Bank.* Available on-line at http://www.worldbank.org/data/wdi/pdfs/tab2_17.pdf.

The indicator that represents women's educational status is:

Adult female literacy rate. Female Literacy Rate is the percentage of women over 15 years of age who can read and write. Data are from 1998. Source: *UNDP 2000. Human Development Report.* Available on-line at http://www.undp.org/hdr2000/english/book/back1.pdf (Table 2).

The indicator that represents women's political status is:

Participation of women in national government. This indicator represents the percentage of seats in national legislatures or parliaments occupied by women. In bicameral legislatures and parliaments, only the lower house is counted. Data are from 1999. Source: *UNSD (2000) The World's Women 2000: Trends and Statistics.* Available on-line at http://www.un.org/Depts/unsd/ww2000/table6a.htm.

The indicators that represent children's well-being are:

Infant mortality rate. Infant mortality rate is the probability of dying between birth and exactly one year of age, expressed per 1,000 live births. Data are from 1999. Source: *UNICEF (2001) State of the World's Children 2001.* Available on-line at http://www.unicef.org/sowc01/tables, (Table 1).

Gross primary enrollment ratio. Data are from 1995-1999. The gross primary enrollment ratio is the total number of children enrolled in primary school, expressed as a percentage of the total number of children of primary school age. Source: *UNICEF (2001) State of the World's Children.* Available on-line at http://www.unicef.org/sowc01/tables, (Table 1).

continued

Appendix 3: Methodology & Research Notes (The Mothers' Index)

Percent of population with access to safe water. This indicator reports the percentage of the population with access to an adequate amount of water from an improved source within a convenient distance from a user's *dwelling, as defined by country-level* standards. "Improved" water sources include household connections, public standpipes, boreholes, protected dug wells, protected springs, and rainwater collection. In general, "reasonable access" is defined as at least 20 liters (5.3 gallons) per person per day, from a source within one kilometer (.62 miles) of the user's dwelling. Data are from 1999. Source: *UNICEF (2001) State of the World's Children.* Available on-line at http://www.unicef.org/sowc01/tables, (Table 3).

Percent of children under age five suffering from moderate or severe nutritional wasting. Moderate or severe wasting is defined as more than two standard deviations below median weight for height of the reference population. Data are from 1995-2000. Source: *UNICEF (2001) State of the World's Children.* Available on-line at http://www.unicef.org/sowc01/tables/ (Table 2).

4. Gross Domestic Product per capita (purchasing power parity) was also included in the data set for use in the analysis of maternal and child well-being compared to national wealth. The purchasing power parity compares the cost of purchasing a set of goods and services in a particular country, using local currency, with the cost of purchasing identical goods and services in the US market, using US currency. In general, using this technique reduces the income gap between industrialized and developing countries. The data are from 1998, as reported in the *2000 Human Development Report*, available on-line at http://www.undp.org/hdr2000/home.html (Table 1).

5. Standard scores, or Z scores, were created for each of the indicators using the following formula:

$$Z = \frac{X - \bar{X}}{S}$$

where

Z = The standard, or Z score
$\bar{X}$ = The score to be converted
X = The mean of the distribution
S = The standard deviation of the distribution

6. The standard scores of indicators of ill-being were then multiplied by (-1) so that a higher score indicated increased well-being on all indicators.

Notes on specific indicators

- Countries reporting a lifetime risk of maternal mortality of zero were given a z-score of 3.94 (1 in 9,200), the lowest risk for which a z-score could be calculated.
- Due to the small number of developed countries reporting data for percent of children under age five suffering from moderate or severe nutritional wasting, the z-scores for this indicator were adjusted to match the range of other Children's Index indicators, so as not to penalize countries that did not report data.
- To avoid rewarding school systems where pupils do not start on time or progress through the system, gross enrollment ratios between 100 and 105 percent were discounted to 100 percent. Gross enrollment ratios over 105 percent were discounted to 100 and any amount over 105 percent was subtracted from 100 (e.g., a country with a gross enrollment rate of 107 percent would be discounted to 100-(107-105), or 98.)

7. The standard scores of the four indicators related to women's health were averaged to create an index of women's health. An index of child well-being was created the same way. At this stage, cases (countries) missing more than one indicator for either sub-index were eliminated from the sample. Cases missing any one of the other indicators (i.e., educational status, political status) were also eliminated.

8. The Mothers' Index was calculated as a weighted average of women's health status (29 percent), maternal educational status (29 percent), children's well-being (30 percent) and maternal political status (12 percent). The scores on the Mothers' Index were ranked. For additional analysis, countries were also ranked by GDP per capita (PPP) and the discrepancy between the two rankings was calculated in order to identify "over-performers," or positive deviation from the trend between maternal well-being and GDP.

NOTE: Data exclusive to mothers are not available for many important indicators (e.g. literacy rate, government positions held). In these instances, data on women's status have been used to approximate maternal status, since all mothers are women. In areas such as health, where a broader array of indicators are available, the index emphasizes indicators that address uniquely maternal issues.

9. In order to calculate correlations, the Mothers' Index was split into Women's Index and a Children's Index. The weights within the Women's Index were health status (40 percent), educational status (40 percent), and political status (20 percent). A variety of bivariate correlations were calculated among the maternal well-being factors and the original indicators.

10. Data analysis was conducted using SPSS and Microsoft Excel software.

Appendix 4: Methodology & Research Notes (Girls' Investment Index)

1. The Girls' Investment Index assesses current status of girls and young women and identifies areas for investment to ensure the well-being of the next generation of mothers. A review of literature and consultation with members of the Save the Children staff identified four underlying investment areas for the index: safe motherhood, young motherhood, girls' health and girls' education. Indicators were selected within each of these categories and published data sources for each indicator were identified. Some relevant categories (e.g., nutrition, economic empowerment) were left out of the index due to lack of adequate indicators.

2. Each of the four investment areas of the Index functions as a sub-index. By calculating scores for these areas, made up of interrelated indicators, cases (countries) that are missing data can be included in the rankings, without over-emphasizing similar indicators for countries that do report data on all 12 indicators in the index.

3. Data were gathered for 12 indicators. The categories and indicators are:

Category 1: Safe Motherhood

Percent of births attended by trained personnel. Percent of births attended by trained personnel is defined as those births attended by physicians, nurses, midwives or primary health care workers trained in midwifery skills. Data are from 1995-2000. Source: *UNICEF (2001). State of the World's Children.* Available on-line at http://www.unicef.org/sowc01/tables#, (Table 7).

Estimated maternal mortality ratio. The estimated maternal mortality ratio is the estimated number of maternal deaths per 100,000 live births. Estimates are developed by UNICEF and WHO. Data are from 1990. Source: *UNSD (2001) Social Indicators, "Indicators on Child Bearing."* Available online at: http://www.un.org/depts/unsd/social/childbr.htm

Percent of women using modern contraception. Data are derived from sample survey reports and estimate the proportion of married women (including women in consensual unions) currently using modern methods of contraception (including male and female sterilization, IUD, the pill, injectables, hormonal implants, condoms and female barrier methods). Source: *UNSD (2001) Social Indicators, "Indicators on Child Bearing."* Available online at: http://www.un.org/depts/unsd/social/childbr.htm

Category 2: Young Motherhood

Births to women 15-19 years of age. The adolescent fertility rate is equal to the number of births per 1,000 women 15 to 19 years old. Source: *UNFPA (2000), Lives Together, Worlds Apart: The State of World Population.* Available online at: http://www.unfpa.org/swp/2000/english/indicators/ (Monitoring ICPD Goals).

Percent of women ages 15 to 19 ever married. This indicator measures the percentage of women ages 15 to 19 who have ever been married. Data are from 1991-1998. Source: *UNSD (2000) The World's Women 2000: Trends and Statistics.* Available on-line at http://www.un.org/Depts/unsd/ww2000/table2a.htm

Average age at first marriage (women). Average age at first marriage may include formal and informal unions. Source: *Population Reference Bureau (2000) The World's Youth 2000.* Available online at: http://www.prb.org/pubs/world_youth_2000/.

Category 3: Girls' Health

Female infant mortality rate. Female infant mortality rate is the probability of a girl dying between birth and exactly one year of age, expressed per 1,000 live female births. Data are from 1995-2000. Source: *UNSD (2000) The World's Women 2000: Trends and Statistics.* Available on-line at www.un.org/Depts/unsd/ww2000/table3a.htm.

Female under five mortality rate. Female under five mortality rate is the probability of a girls dying between birth and five years of age, expressed per 1,000 births live female births. Data refer to the period 1995-2000. Source: Source: *UNFPA (2000), Lives Together, Worlds Apart: The State of World Population.* Available online at: http://www.unfpa.org/swp/2000/english/indicators/ (Demographic, Social and Economic Indicators).

Category 4: Girls' Education

Adult female literacy rate. Adult female literacy rate is the percentage of women over 15 years of age who can read and write. Data are from 1998. Source: UNDP (2000). Human Development Report. Available on-line at http://www.undp.org/hdr2000/english/book/back1.pdf, (Table 2).

continued

Appendix 4: Methodology & Research Notes (Girls' Investment Index)

Female primary school enrollment as percent of male enrollment. The gross enrollment ratio is the number of children enrolled in a schooling level, regardless of age, divided by the population of the age group that officially corresponds to that level. This indicator expresses female primary (gross) enrollment as a percent of male (gross) enrollment. The data are from 1995-1999. Source: *UNICEF (2001). State of the World's Children.* Available on-line at http://www.unicef.org/sowc01/tables/#, (Table 7).

Female secondary school enrollment as percent of male enrollment. The gross enrollment ratio is the number of children enrolled in a schooling level, regardless of age, divided by the population of the age group that officially corresponds to that level. This indicator expresses female secondary (gross) enrollment as a percent of male (gross) enrollment. The data are from 1995-1997. Source: *UNICEF (2001). State of the World's Children.* Available on-line at http://www.unicef.org/sowc01/tables/#, (Table 7).

NOTE: Enrollment rates over 100 percent are discounted to 100 percent so that no country is given an advantage for having fewer boys in school.

Female youth illiteracy rate. Female youth illiteracy rate is the percentage of women 15-24 years of age who cannot read and write. Data are from 1998. Source: *World Bank (2000). World Development Indicators* (Table 2.12 Education outcomes). Available on-line at: http://www.worldbank.org/data/wdi2000/pdfs/tab2_12.pdf.

4. Standard scores, or Z scores, were created for each of the indicators using the following formula:

$$Z = \frac{X - \bar{X}}{S}$$

where

Z = The standard, or Z score
$\bar{X}$ = The score to be converted
X = The mean of the distribution
S = The standard deviation of the distribution

5. The standard scores of indicators of ill-being were then multiplied by (-1) so that a higher score indicated increased well-being on all indicators.

6. The standard scores of the indicators in each category were averaged. In the Young Motherhood Category, percent of women ages 15-19 ever married and average age at first marriage were first averaged with each other, and then with the final indicator, births to women 15-19 years of age.

7. At this stage, cases (countries) missing more than one indicator for any category were eliminated from the sample. The Investment Index was calculated as a weighted average of safe motherhood (28 percent), young motherhood (8 percent), girls' health (32 percent), and girls' education (32 percent).

8. A variety of bivariate correlations were calculated among the indicators of the Investment Index and also with the Children's Sub-Index.

9. Data analysis was conducted using SPSS and Microsoft Excel software.

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continued

Appendix 5: Footnotes and References

A NOTE ON THE CLASSIFICATION OF COUNTRIES

The coding scheme is based on UN classifications as presented in the 2000 Human Development Report (HDR). As of this year, the category "OECD" has replaced "industrialized" countries. Throughout the State of the World's Mothers Report, OECD countries and CIS/Eastern European countries are referred to as "developed countries." As in the HDR, Israel and Malta are included in this grouping. Also, three counties are listed as both OECD and developing countries: the Republic of Korea, Mexico and Turkey. These three countries are counted as developing countries and are not included in the developed country rankings or calculations.

The category "developing countries" is further divided into geographic regions: Arab States, Asia and the Pacific, Latin America and the Caribbean, Southern Europe, and Sub-Saharan Africa. Once again, this is in accordance with the HDR classification system.

A NOTE ON GDP

The GDP per capita has been calculated using Purchasing Power Parities (PPP) as conversion factors. The PPP compares the cost of purchasing a set of goods and services in a particular country, using local currency, with the cost of purchasing identical good and services in the Unites States using U.S. currency. In general, using this technique reduces the income gap between developed and developing countries. Throughout the report, when "GDP per capita" is mentioned, the data refer to the PPP calculation.

A NOTE ON PERCENT OF POPULATION WITH ACCESS TO SAFE WATER.

This indicator reports the percentage of the population with access to an adequate amount of water from an improved source within a convenient distance from a user's dwelling, as defined by country-level standards. "Improved" water sources include household connections, public standpipes, boreholes, protected dug wells, protected springs, and rainwater collection. In general, "reasonable access" is defined as at least 20 liters (5.3 gallons) per person per day, from a source within one kilometer (.62 miles) of the user's dwelling."

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The White Ribbon Alliance

This white ribbon is dedicated to the memory of all the women who have died during pregnancy or childbirth. Wear a white ribbon and tell others what it symbolizes.

Every minute, around the world:

- 380 women become pregnant
- 190 face unplanned pregnancies
- 110 women experience pregnancy-related complications
- 1 woman dies.

The White Ribbon Alliance for Safe Motherhood is a network of individuals, organizations and communities who are working to increase awareness of the global problem of maternal mortality and to promote safe motherhood. For more information, send an email to whiteribbonalliance@hotmail.com or call 202-955-0070.

Save the Children is a partner in the Planet campaign sponsored by the David and Lucile Packard Foundation. The campaign aims to raise awareness among Americans of the critical role played by international family planning in improving the health of children, women and the environment.

planet

Above: A mother who benefits from participation in a Group Guaranteed Loan Program in Tajikistan; At left: A mother enrolled at a Save the Children Nutrition Education and Feeding Program in Nepal; On the Back Cover: This Save the Children Child-Link Representative walks with her mother, an adult literacy teacher, in Haiti.

Save the Children.

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